#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,025

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

YOLO COUNTY	SUMMARY OF SERV	VICES FOR CASH G	RAN'I'	- AGED	AID CODE			
								AGE
86 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,485	9,258	\$	547 , 240.26	\$ 59.11	107.651		
@PHYSICIANS SERVICES	33	201	\$	4,085.54	\$ 20.33	2.337		
OUTPATIENT VISITS	5	5		509.66	101.93	.058	101.93	5.93
OFFICE VISITS	3	3		416.17	138.72	.035	138.72	4.84
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		72.00	36.00	.023	36.00	.84
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		21.49	.00	.000	.00	.25
INPATIENT VISITS	7	16		601.10	37.57	.186	85.87	6.99
HOSPITAL VISITS	4	11		451.10	41.01	.128	112.78	5.25
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	5		150.00	30.00	.058	37.50	1.74
OPHTHALMOLOGICAL SERVICES	0	0		2.81	.00	.000	.00	.03
EXAMINATIONS	0	0		2.81	.00	.000	.00	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2		126.77	63.39	.023	126.77	1.47
PRINCIPAL SURGEON	1	1		43.75	43.75	.012	43.75	.51
ASSISTANT SURGEON	1	1		83.02	83.02	.012	83.02	.97
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	0		293.36	293.36	.012	293.36	3.41
	1	1						
PRINCIPAL SURGEON	0	0		293.36	293.36	.012	293.36	3.41
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	•		.00	.00	.000	.00	.00
DIALYSIS	U	0		.00	.00	.000	.00	.00
PATHOLOGY	4	31		139.78	4.51	.360	34.95	1.63
RADIOLOGY	6	15		346.95	23.13	.174	57.83	4.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	20	131		2,065.11	15.76	1.523	103.26	24.01
@PHARMACY	194	890	\$	36,183.98	\$ 40.66	10.349	•	
PRESCRIPTION DRUGS	192	369		35,801.28	97.02	4.291	186.47	416.29
SNF/ICF	24	49		6,018.83	122.83	.570	250.78	69.99
OUTPATIENTS	170	320		29,782.45	93.07	3.721	175.19	346.31
MEDICAL SUPPLIES	5	521		382.70	.73	6.058	76.54	4.45
@DENTIST	733	2,984	\$	181,458.01	\$ 60.81	34.698		
VISITS - DIAGNOSTIC	414	1,636		21,318.03	13.03	19.023	51.49	247.88
ORAL SURGERY	110	311		14,740.75	47.40	3.616	134.01	171.40
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	56	56		10,015.00	178.84	.651	178.84	116.45
ENDODONTICS	49	101		23,735.00	235.00	1.174	484.39	275.99
RESTORATIVE DENTISTRY	168	441		56,032.75	127.06	5.128	333.53	651.54
PROSTHETICS	13	16		450.00	28.13	.186	34.62	5.23
DENTURES, STAYPLATES	178	414		54,291.48	131.14	4.814	305.01	631.30
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	8		875.00	109.38	.093	291.67	10.17
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.012	.00	.00
0111211 02111110	±	_		• 0 0	• • • •	• •	• • • •	• • • •

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,026 MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

YOLO COUNTY	SUMMARY OF SERVICES FO	OR CASH GRAN	T - AGED			AID CODE	10				
							MC			ΞE	
86 ELIGIBLES	USERS UNITS	OF SERVICE	EXP.	ENDITURES	AVE	RAGE COST	UNITS/DAYS	S C	OST PER		COST PER
	OR DA	AYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	13	32 \$		712.76	\$	22.27	.372	\$	54.83	\$	8.29
DIAGNOSTIC AND ANC. PROCED	4	4		177.94		44.49	.047		44.49		2.07
EYE APPLIANCES	11	24		423.90		17.66	.279		38.54		4.93
OTHER OPTOMETRIC SERVICES	2	4		110.92		27.73	.047		55.46		1.29
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0		.00	Y	.00	.000	۲	.00	۲	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	6 \$		8.28	\$	1.38		\$	8.28	ċ	.10
-	0	0		.00	Ą		.000	ې	.00	Ų	.00
MEDICINE/INJECTIONS	0	0				.00					
SURGERY/ANES.	•	-		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	6		8.28		1.38	.070		8.28		.10
@HOME HEALTH AGENCY	0	0 \$.00	\$.00		\$		\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00		\$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$		\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	12	27 \$		4,116.53	\$	152.46	.314	\$	343.04	\$	47.87
HOSP INPATIENT TOTAL	2	2		3,494.42		1747.21	.023		1747.21		40.63
HSC HOSPITALS	1	2		813.03		406.52	.023		813.03		9.45
NON-HSC HOSPITAL TOTAL	1	4		3,457.39		864.35	.047		3457.39		40.20
ACCOMMODATIONS	1	4		1,068.20		267.05	.047		1068.20		12.42
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		1,068.20		267.05	.047		1068.20		12.42
ANCILLARIES	1	0		2,389.19		.00	.000		2389.19		27.78
INPATIENT CROSSOVERS	0	4CR		776.00CF	⊋	194.00	.047CF		.00		9.02CR
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10	25		622.11		24.88	.291		62.21		7.23
MEDICAL	0	0		82.43		.00	.000		.00		.96
SURGERY	0	0		15.00		.00	.000		.00		.17
	1	2		41.05		20.53	.023		41.05		.48
PATHOLOGY	0	0				.00					
RADIOLOGY	0	0		108.63			.000		.00		1.26
ROOM USE	•			130.16		.00	.000		.00		1.51
CROSSOVERS/ALL OTH OUTPINT	9	23		244.84		10.65	.267		27.20		2.85
@COUNTY HOSPITAL TOTAL	0	0 \$		11.57	\$.00		\$.00	Ş	.13
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		11.57		.00	.000		.00		.13
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

0 0 .00 .00 .000 .00 .00 RADIOLOGY 0 0 .00 .00 .00 ROOM USE .000 .00 0 0 11.57 .00 .00 .13 CROSSOVERS/ALL OTH OUTPTNT .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,027

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

YOLO COUNTY	SUMMARY OF SERV	ICES FOR	CASH GR	ANT -	AGED	AID CO	DDE 10			
							MOI	NTHLY AVERA	GE	
86 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE CO	OST UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/I	DAY PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	12		27	\$	4,104.96	\$ 152.04			Ś	47.73
COMM HOSP INPATIENT TOTAL	2		2	'	3,494.42	1747.21		1747.21		40.63
HSC HOSPITALS	1		2		813.03	406.52		813.03		9.45
NON-HSC HOSPITALS TOTAL	1		Δ		3,457.39	864.35		3457.39		40.20
	1		4					1068.20		12.42
ACCOMMODATIONS	0		4		1,068.20	267.05				
ADMINISTRATIVE DAYS			0		.00	.00		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00		.00		.00
ALL OTHER ACCOM	1		4		1,068.20	267.05		1068.20		12.42
ANCILLARIES	1		0		2,389.19	.00		2389.19		27.78
INPATIENT CROSSOVERS	0		4CR		776.00CR			.00		9.02CR
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	10		25		610.54	24.42	.291	61.05		7.10
MEDICAL	0		0		82.43	.00	.000	.00		.96
SURGERY	0		0		15.00	.00	.000	.00		.17
PATHOLOGY	1		2		41.05	20.53	.023	41.05		.48
RADIOLOGY	0		0		108.63	.00		.00		1.26
ROOM USE	0		Ö		130.16	.00		.00		1.51
CROSSOVERS/ALL OTH OUTPTNT	· ·		23		233.27	10.14		25.92		2.71
@STATE HOSPITAL	0		0	\$.00	\$.00			\$.00
	0		0	Ą		.00		.00	Ą	.00
MENTALLY ILL	•		-		.00					
DEVELOP. DISABLED	0		0		.00	.00		.00		.00
@NURSING FACILITY	6		170	\$	31,427.18	\$ 184.8		\$ 5237.86	Ş	365.43
LEV A-INTERMEDIATE	0		0		.00	.00		.00		.00
LEV B-REHAB MD	0		0		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	1		31		15,525.81	500.83	.360	15525.81		180.53
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
LEV B-REGULAR	5		139		15,901.37	114.40	1.616	3180.27		184.90
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00	.00		.00		.00
ICF DD	0		0		.00	.00		.00		.00
ICF DDN/DDCN	0		0		.00	.00		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00			Ś	.00
HOSPITAL BASED	0		0	Ψ	.00	.00		.00	Υ	.00
HEMODIALYSIS CENTER	0		0		.00	.00		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00		.00	Ś	.00
	0		ŭ	Ą		•			ې	
HOSPITAL BASED	0		0		.00	.00		.00		.00
INDEPENDENT FACILITY	U		0		.00	.00		.00		.00
@LABORATORY FACILITY	2		6	\$	94.74	\$ 15.79			Ş	1.10
PATHOLOGY	2		6		94.74	15.79		47.37		1.10
XO AND OTHERS	0		0		.00	.00		.00		.00
@ORGANIZED OUTPATIENT CLINIC	32		64	\$	7 , 876.71	\$ 123.0	7 .744		\$	91.59
CLINIC	0		0		23.50	.00	.000	.00		.27
SURGICENTER	1		1		194.31	194.31	L .012	194.31		2.26
HEROIN DETOX CLINIC	0		0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	31		63		7,658.90	121.5		247.06		89.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXI		ES MO	NTH-OF-PAYMENT RE				E	PAGE 17,028
										•

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

					MC	NTHLY AVERA	GE -	
86 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	573	4,878	\$ 281,276.53	\$ 57.66	56.721	\$ 490.88	\$	3270.66
DURABLE MED. EQUIP.	2	20	374.06	18.70	.233	187.03		4.35
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	3	4	874.42	218.61	.047	291.47		10.17
MEDICAL TRANSPORTATION	5	88	745.78	8.47	1.023	149.16		8.67
AMBULANCES/AIR TRANS	4	86	668.10	7.77	1.000	167.03		7.77
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	1	2	77.68	38.84	.023	77.68		.90
ACUPUNCTURE	1	4	64.88	16.22	.047	64.88		.75
ADULT DAY HEALTH CARE CTR	267	3 , 938	263,938.98	67.02	45.791	988.54		3069.06
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	16	106	7,238.20	68.28	1.233	452.39		84.17
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	276	613	7 , 561.96	12.34	7.128	27.40		87.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	4	16	157.28	9.83	.186	39.32		1.83
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	7	89	320.97	3.61	1.035	45.85		3.73
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	32	689	\$ 853.07	\$ 1.24	8.012	\$ 26.66	\$	9.92

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

YOLO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,029 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

						MON	ITHLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	188	1,276	\$	101,286.47	\$ 79.38	1276.000 \$	538.76	\$101286.47
@PHYSICIANS SERVICES	4	5	\$	470.86	\$ 94.17	5.000 \$	117.72	\$ 470.86
OUTPATIENT VISITS	2	2		144.55	72.28	2.000	72.28	144.55
OFFICE VISITS	2	2		118.95	59.48	2.000	59.48	118.95
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		6.96	.00	.000	.00	6.96
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		18.64	.00	.000	.00	18.64
INPATIENT VISITS	0	0		7.20	.00	.000	.00	7.20
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	7.20	.00	.000	.00	7.20
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	127.36	.00	.000	.00	127.36
PRINCIPAL SURGEON	0	0	127.36	.00	.000	.00	127.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	30.61	.00	.000	.00	30.61
PRINCIPAL SURGEON	0	0	30.61	.00	.000	.00	30.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	41.51	.00	.000	.00	41.51
RADIOLOGY	1	2	47.50	23.75	2.000	47.50	47.50
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	72.13	72.13	1.000	72.13	72.13
@ PHARMACY	42	100	\$ 32,739.58	\$ 327.40	100.000	\$ 779.51	\$ 32739.58
PRESCRIPTION DRUGS	42	100	32,739.58	327.40	100.000	779.51	32739.58
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	42	100	32,739.58	327.40	100.000	779.51	32739.58
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	62	252	\$ 8,620.68	\$ 34.21	252.000	\$ 139.04	\$ 8620.68
VISITS - DIAGNOSTIC	43	188	2,430.68	12.93	188.000	56.53	2430.68
ORAL SURGERY	5	13	408.00	31.38	13.000	81.60	408.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	800.00	200.00	4.000	200.00	800.00
ENDODONTICS	2	3	850.00	283.33	3.000	425.00	850.00
RESTORATIVE DENTISTRY	13	21	2,274.00	108.29	21.000	174.92	2274.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	9	23	1,858.00	80.78	23.000	206.44	1858.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	RT FOR JAN	2002 THRU DE	C 2002	PAGE 17,030
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
YOLO COUNTY	SUMMARY OF SERVICE	S FOR CASH GRAN'	Γ - BLIND	AID CODE	20		

YOLO COUNTY	SUMMARY OF SERV	ICES FOR	CASH GR	ANT -	BLIND		AID CODE					
										HLY AVERA		
01 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS	OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$		\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	Ś	.00
@TOTAL HOSPITAL	4		24	S	490.46	Ś	20.44	24.000	Ś	122.62	Ś	490.46
HOSP INPATIENT TOTAL	2		21	7	378.08	т.	18.00	21.000	7	189.04	7	378.08
HSC HOSPITALS	1		1		63.17		63.17	1.000		63.17		63.17
NON-HSC HOSPITAL TOTAL	0		0		477.09CR		.00	.000		.00		477.09CR
ACCOMMODATIONS	0		0		477.09CR		.00	.000		.00		477.09CR
ADMINISTRATIVE DAYS	0		Ö		477.09CR		.00	.000		.00		477.09CR
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1		20		792.00		39.60	20.000		792.00		792.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		3		112.38		37.46	3.000		56.19		112.38
MEDICAL	0		0		11.28		.00	.000		.00		11.28
SURGERY	0		0		3.07		.00	.000		.00		3.07
PATHOLOGY	0		0		13.91		.00	.000		.00		13.91
RADIOLOGY	1		2		70.67		35.34	2.000		70.67		70.67
ROOM USE	0		0		7.18		.00	.000		.00		7.18
CROSSOVERS/ALL OTH OUTPTNT	1		1		6.27		6.27	1.000		6.27		6.27
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	Ċ	.00
CO HOSPITAL INPATIENT TOTAL	0		0	ş	.00	Ą	.00	.000	Ą	.00	Ą	
	0		0									.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	•		•		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES 1	MONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DE	C 2002	PAGE 17,031
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FO	R CASH GRANT	- BLIND	AID CODE 2	0		
				_	MON'	THIV AMEDAC	'F

					MONT	HLY AVERA	GE -	
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	24 \$	490.46	\$ 20.44	24.000 \$	122.62	\$	490.46
COMM HOSP INPATIENT TOTAL	2	21	378.08	18.00	21.000	189.04		378.08
HSC HOSPITALS	1	1	63.17	63.17	1.000	63.17		63.17
NON-HSC HOSPITALS TOTAL	0	0	477.09CR	.00	.000	.00		477.09CR
ACCOMMODATIONS	0	0	477.09CR	.00	.000	.00		477.09CR
ADMINISTRATIVE DAYS	0	0	477.09CR	.00	.000	.00		477.09CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	1	20	792.00	39.60	20.000	792.00		792.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2	3	112.38	37.46	3.000	56.19		112.38
MEDICAL	0	0	11.28	.00	.000	.00		11.28
SURGERY	0	0	3.07	.00	.000	.00		3.07
PATHOLOGY	0	0	13.91	.00	.000	.00		13.91
RADIOLOGY	1	2	70.67	35.34	2.000	70.67		70.67
ROOM USE	0	0	7.18	.00	.000	.00		7.18
CROSSOVERS/ALL OTH OUTPTNT	1	1	6.27	6.27	1.000	6.27		6.27
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	2	2 \$	16.10	\$ 8.05	2.000 \$	8.05	\$	16.10
PATHOLOGY	2	2	16.10	8.05	2.000	8.05		16.10
XO AND OTHERS	0	0	.00	.00	.000	.00		.00

@ORGANIZED OUTPATIENT CLINIC	7	9 \$	1,725.00	\$ 2	91.67	9.000 \$	246.43	\$ 1725.00
CLINIC	0	0	.00		.00	.000	.00	.00
SURGICENTER	0	0	.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	7	9	1,725.00	-	91.67	9.000	246.43	1725.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT I	OR JAN	2002 THRU DE	C 2002	PAGE 17,032
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FO	OR CASH GRANT	- BLIND	Ā	AID CODE	20		
						MON	ITHLY AVERAG	E
01 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERA	AGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	AYS OF CARE		PER U	JNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	90	884 \$	57 , 223.79	\$	64.73	884.000 \$	635.82	\$ 57223.79
DURABLE MED. EQUIP.	0	0	.00		.00	.000	.00	.00

01 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST		S COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	90	884	\$	57,223.79	\$ 64.73	884.000	\$ 635.82	\$ 57223.79
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	58	795		53,218.01	66.94	795.000	917.55	53218.01
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	31		3,289.96	106.13	31.000	548.33	3289.96
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	17	37		472.34	12.77	37.000	27.78	472.34
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	12		117.96	9.83	12.000	16.85	117.96
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	9		125.52	13.95	9.000	41.84	125.52
@CALIF. CHILDREN SERVICES*	0	0	\$	5.18	\$.00	.000	\$.00	\$ 5.18
@XOVER EXCLUDING STATE HOSP**	5	10	\$	917.90	\$ 91.79	10.000	\$ 183.58	\$ 917.90

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,033 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60 ----- MONTHLY AVERAGE -----925 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 9,679 97,159 4,390,880.85 45.19 105.037 \$ 453.65 \$ 4746.90 @PHYSICIANS SERVICES 402 35.94 1.252 \$ 103.53 \$ 1,158 41,618.48 44.99 162 217 58.79 .235 78.74 12,756.38 13.79 OUTPATIENT VISITS 81.26 OFFICE VISITS 70 92 5,688.32 61.83 .099 6.15 1 1 HOME VISITS 34.30 34.30 .001 34.30 .04 EMERGENCY ROOM 73 92 5,088.51 55.31 .099 69.71 5.50

PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	1		60.48		60.48	.001		60.48		.07
OTHER OUTPATIENT	25	31		1,884.77		60.80	.034		75.39		2.04
INPATIENT VISITS	84	182		6,363.16		34.96	.197		75.75		6.88
HOSPITAL VISITS	24	88		4,286.83		48.71	.095		178.62		4.63
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	62	94		2,076.33		22.09	.102		33.49		2.24
OPHTHALMOLOGICAL SERVICES	5	5		221.43		44.29	.005		44.29		.24
EXAMINATIONS	5	5		221.43		44.29	.005		44.29		.24
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	4	18		2,502.96		139.05	.019		625.74		2.71
PRINCIPAL SURGEON	3	3		1,387.11		462.37	.003		462.37		1.50
ASSISTANT SURGEON	1	1		81.07		81.07	.001		81.07		.09
ANESTHESIOLOGIST	1	14		1,034.78		73.91	.015		1034.78		1.12
OUTPATIENT SURGERY	18	36		2,642.50		73.40	.039		146.81		2.86
PRINCIPAL SURGEON	14	15		1,946.18		129.75	.016		139.01		2.10
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	21		696.32		33.16	.023		139.26		.75
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	27	50		1,074.00		21.48	.054		39.78		1.16
RADIOLOGY	67	107		6,108.31		57.09	.116		91.17		6.60
PSYCHIATRY	1	1		23.22		23.22	.001		23.22		.03
IMMUNIZATION AND INJECTION	4	129		1,713.77		13.29	.139		428.44		1.85
OTHER SERVICES/ALL X-OVERS	134	413		8,212.75		19.89	.446		61.29		8.88
@PHARMACY	4,905	13,253 \$		2,083,931.22	\$	157.24	14.328	\$	424.86	\$	2252.90
PRESCRIPTION DRUGS	4,895	12,364		2,079,992.84		168.23	13.366		424.92		2248.64
SNF/ICF	412	2,105		260,616.65		123.81	2.276		632.56		281.75
OUTPATIENTS	4,527	10,259		1,819,376.19		177.34	11.091		401.89		1966.89
MEDICAL SUPPLIES	23	889		3,938.38		4.43	.961		171.23		4.26
@DENTIST	3,246	14,677 \$		732,229.82	\$	49.89	15.867	\$		\$	791.60
VISITS - DIAGNOSTIC	1,980	9 , 457		115,942.21		12.26	10.224		58.56		125.34
ORAL SURGERY	390	876		43,696.80		49.88	.947		112.04		47.24
DRUGS	1	1		25.00		25.00	.001		25.00		.03
ANESTHESIA	3	3		300.00		100.00	.003		100.00		.32
PERIODONTICS	310	336		59 , 286.68		176.45	.363		191.25		64.09
ENDODONTICS	244	391		93,896.25		240.14	.423		384.82		101.51
RESTORATIVE DENTISTRY	958	2,489		282,448.75		113.48	2.691		294.83		305.35
PROSTHETICS	33	34		1,265.00		37.21	.037		38.33		1.37
DENTURES, STAYPLATES	381	1,058		126,437.94		119.51	1.144		331.86		136.69
SPACE MAINTAINERS	2	2		111.00		55.50	.002		55.50		.12
MAXILLOFACIAL SERVICES	4	5		4,980.19		996.04	.005		1245.05		5.38
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.001		1200.00		1.30
ORTHODONTIC SERVICES	8	11		1,290.00		117.27	.012		161.25		1.39
ALL OTHER SERVICES	10	13		1,350.00		103.85	.014		135.00		1.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MON	TH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU 1	DEC	2002	P	AGE 17,034
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	T – I	DISABLED		AID CODE	60				
							Mo			.GE	
925 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S (COST PER		COST PER
		OR DAYS OF CARE			PER		PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	92	279 \$		6,006.85	\$	21.53	.302	\$	65.29	\$	6.49
DIAGNOSTIC AND ANC. PROCED	51	53		2,431.35		45.87	.057		47.67		2.63
EYE APPLIANCES	77	226		3,575.50		15.82	.244		46.44		3.87
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00

OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	17	27	\$	569.84	\$	21.11	.029		.62
MEDICINE/INJECTIONS	11	12	·	370.00	·	30.83	.013	33.64	.40
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.002	34.60	.04
OTHER	6	13		165.24		12.71	.014	27.54	.18
@HOME HEALTH AGENCY	4	11	\$	772.71	\$	70.25	.012		.84
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00 \$.00
FAMILY NURSE PRACTITIONER	2	2	\$	48.00	\$	24.00	.002	\$ 24.00 \$.05
@TOTAL HOSPITAL	216	919	\$	161,638.21	\$	175.88	.994	\$ 748.33 \$	174.74
HOSP INPATIENT TOTAL	46	275		141,562.20		514.77	.297	3077.44	153.04
HSC HOSPITALS	6	31		38,927.00		1255.71	.034	6487.83	42.08
NON-HSC HOSPITAL TOTAL	9	29		82,034.05		2828.76	.031	9114.89	88.69
ACCOMMODATIONS	9	29		38,297.17		1320.59	.031	4255.24	41.40
ADMINISTRATIVE DAYS	1	1		1,316.58CF	R	1316.58CR	.001	1316.58CR	1.42CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	8	28		39 , 613.75		1414.78	.030	4951.72	42.83
ANCILLARIES	9	0		43,736.88		.00	.000	4859.65	47.28
INPATIENT CROSSOVERS	31	215		20,601.15		95.82	.232	664.55	22.27
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	174	644		20,076.01		31.17	.696	115.38	21.70
MEDICAL	25	28		2,796.72		99.88	.030	111.87	3.02
SURGERY	7	7		313.61		44.80	.008	44.80	.34
PATHOLOGY	53	193		2,365.73		12.26	.209	44.64	2.56
RADIOLOGY	31	48		4,781.14		99.61	.052	154.23	5.17
ROOM USE	94	116		4,656.06		40.14	.125	49.53	5.03
CROSSOVERS/ALL OTH OUTPINT	95	252		5,162.75		20.49	.272	54.34	5.58
@COUNTY HOSPITAL TOTAL	3	20	\$	21,785.49	\$	1089.27			23.55
CO HOSPITAL INPATIENT TOTAL	1	16		21,632.00		1352.00	.017	21632.00	23.39
HSC HOSPITALS	1	16		21,632.00		1352.00	.017	21632.00	23.39

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		153.49			76.75	.17
MEDICAL MEDICAL	1	1		34.31	38.37 34.31	.004	34.31	.04
SURGERY	1	1		62.63	62.63	.001	62.63	.07
	1	1		23.23	23.23	.001	23.23	.07
PATHOLOGY	1	0						
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	0		33.32	33.32	.001	33.32	.04
CROSSOVERS/ALL OTH OUTPTNT	0		DEC 110	.00	.00	.000	.00	.00
			RES MC	NTH-OF-PAYMENT REI	PORT FOR JAN 2	002 THRU DE	C 2002	PAGE 17,035
MOP024	FEE-FOR-SERVICE/		D 3 3 3 III	D.T.G.1.D.T.D.	3.75 0055	60		01/17/03
YOLO COUNTY	SUMMARY OF SERVI	CES FOR CASH G	RANT -	- DISABLED	AID CODE			_
005 51 10151 50			_				ITHLY AVERAG	
925 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER	COST PER
0.0000000000000000000000000000000000000	012	OR DAYS OF CAR		120 050 70	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	213	899	\$	139,852.72	\$ 155.56	.972 \$		\$ 151.19
COMM HOSP INPATIENT TOTAL	45	259		119,930.20	463.05	.280	2665.12	129.65
HSC HOSPITALS	5	15		17,295.00	1153.00	.016	3459.00	18.70
NON-HSC HOSPITALS TOTAL	9	29		82,034.05	2828.76	.031	9114.89	88.69
ACCOMMODATIONS	9	29		38,297.17	1320.59	.031	4255.24	41.40
ADMINISTRATIVE DAYS	1	1		1,316.58CR		.001	1316.58CR	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	28		39,613.75	1414.78	.030	4951.72	42.83
ANCILLARIES	9	0		43,736.88	.00	.000	4859.65	47.28
INPATIENT CROSSOVERS	31	215		20,601.15	95.82	.232	664.55	22.27
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	172	640		19,922.52	31.13	.692	115.83	21.54
MEDICAL	24	27		2,762.41	102.31	.029	115.10	2.99
SURGERY	6	6		250.98	41.83	.006	41.83	.27
PATHOLOGY	52	192		2,342.50	12.20	.208	45.05	2.53
RADIOLOGY	31	48		4,781.14	99.61	.052	154.23	5.17
ROOM USE	93	115		4,622.74	40.20	.124	49.71	5.00
CROSSOVERS/ALL OTH OUTPINT	95	252		5,162.75	20.49	.272	54.34	5.58
@STATE HOSPITAL	12	347	\$	203,068.19	\$ 585.21		16922.35	•
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	347		203,068.19	585.21	.375	16922.35	219.53
@NURSING FACILITY	59	1,198	\$	156 , 354.93	\$ 130.51	1.295 \$	2650.08	\$ 169.03
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	10	272		32,617.15	119.92	.294	3261.72	35.26
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
TEV D DECITAD	4.0	026		100 707 70	122 (2	1 001	2525 26	1 2 2 7 7

123,737.78

2,723.55

2,723.55

2,959.84

2,959.84

.00

.00

.00

133.63

90.79

.00

90.79

591.97

591.97

.00

.00

1.001

.000

.000

.032

.000

.005

2525.26

.00

2723.55

.00

739.96

.00

.032 \$ 2723.55 \$

.005 \$ 739.96 \$

133.77

2.94

.00

.00

2.94

3.20

.00

3.20

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

49

0

0

0

926

30

0

0

30

5

0

@REHABILITATION FACILITY	2	2	\$	110.86	\$	55.43	.002	\$	55.43	\$.12
HOSPITAL BASED	2	2		110.86		55.43	.002		55.43		.12
HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	159	621	\$	7,881.80	\$	12.69	.671	Ś	49.57	Ś	8.52
PATHOLOGY	159 158	620	-T	7,879.31	4	12.71	.670	т.	49.87	4	8.52
XO AND OTHERS	1	1		2.49		2.49	.001		2.49		.00
@ORGANIZED OUTPATIENT CLINIC		194	\$	25,978.40	ċ	133.91	.210	ċ		ċ	28.08
	17	27	Ą		۲	133.91		ې	44.74	Ą	.82
CLINIC	- ·			760.64		28.17 26.52	.029				
SURGICENTER	4	27		716.16			.029		179.04		.77
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	87	140		24,501.60		175.01	.151		281.63		26.49
#CALIF DEPT OF HEALTH SERV			RES 1	MONTH-OF-PAYMENT R	REPOR	r for jan 2	2002 THRU	DEC	2002	Р	AGE 17,036
MOP024	FEE-FOR-SERVICE/										01/17/03
YOLO COUNTY	SUMMARY OF SERVI	CES FOR CASH G	RANT	- DISABLED		AID CODE	60				
							M	ONT	HLY AVERA	GE	
925 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	F.		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2,162	64,436	\$	964,988.15	\$	14.98	69.661	\$	446.34	\$	1043.23
DURABLE MED. EOUIP.	14	32	·	4,192.66	·	131.02	.035		299.48	·	4.53
BLOOD BANK		0		66.50		.00	.000		.00		.07
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	5.8	0 1,452		12,853.52		8.85	1.570		221.61		13.90
AMBITANCES / ATD TRANS	37	562		6,921.08		12.32	.608		187.06		7.48
AMBULANCES/AIR IRANS	3 /	875				4.51	.946		219.15		4.26
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	18			3,944.69							
OTHER SERVICES	4	15		1,987.75		132.52	.016		496.94		2.15
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	309	6,289		.00 421,184.88		66.97	6.799		1363.06		455.34 1.07
GENETIC DISEASE TESTING	13	13		900.00		76.00	.014		76.00		1.07
IHMC, MODEL-NF, NF, AIDS, MSSP	66	9 , 267		288,052.98		31.08	10.018		4364.44		311.41
OCCUPATIONAL THERAPIST	2	14		268.00			.015		134.00		.29
OPTICIAN	1,016	2,245		26,666.44		11.88	2.427		26.25		28.83
PHYSICAL THERAPIST	2	6		127.14		11.88 21.19	.006		63.57		.14
PORTABLE X-RAY	9	16		354.67		22.17	.017		39.41		.38
PROSTHETIST/ORTHOTISTS	1	1		3.08		21.19 22.17 3.08	.001		3.08		.00
PROSTHETICS	1	1		3.08		3.08	.001		3.08		.00
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS	0	1 1 0 9		.00		.00	.000		.00		.00
PSYCHOLOGIST	5	9		312.16		34.68	.010		62.43		.34
SPEECH AND AUDIOLOGY	4	42		1,211.89		28.85	.045		302.97		1.31
HOSPICE SERVICES	1	30		3,512.70		117.09	.032		3512.70		3.80
HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
NONLING DIKITING CENTERS	621	14,549		84,263.78		5.79	15.729		133.54		91.10
LOCAL EDUCATION AGENCIES	031										
EPSDT SUPPLEMENTAL SERVICE	12	4,110 0		113,351.70		27.58	4.443		9445.98		122.54
RESPIRATORY CARE PRACT.	0	•		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
		26,361		7,578.05		.29	28.498		142.98		8.19
@CALIF. CHILDREN SERVICES*		108	\$	9,796.66					326.56		10.59
@XOVER EXCLUDING STATE HOSP**		793	\$	51,456.82	\$	64.89	.857	\$	266.62	\$	55.63
0* TOTALS IN THESE LINES ARE											
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APP	ROPRIATE DETAIL	T.TNF	ES ABOVE							

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

3,050 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,037 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

@TOTAL, ALL PROVIDERS	15 , 469	88 , 077	\$		\$	23.43	28.878		133.42		676.69
@PHYSICIANS SERVICES	693	1,206	\$	51,037.03	\$	42.32	.395	\$	73.65	\$	16.73
OUTPATIENT VISITS	542	697		26,476.18		37.99	.229		48.85		8.68
OFFICE VISITS	407	510		18,809.83		36.88	.167		46.22		6.17
HOME VISITS	12	17		691.02		40.65	.006		57.59		.23
EMERGENCY ROOM	80	82		4,104.89		50.06	.027		51.31		1.35
PREVENTIVE CARE	2	2		101.96		50.98	.001		50.98		.03
OB VISITS/COMPRE PERI	2	12		520.24		43.35	.004		260.12		.17
OTHER OUTPATIENT	62	74		2,248.24		30.38	.024		36.26		.74
INPATIENT VISITS	9	28		3,859.13		137.83	.009		428.79		1.27
HOSPITAL VISITS	8	25		1,149.02		45.96	.008		143.63		.38
CRITICAL CARE	1	3		2,710.11		903.37	.001		2710.11		.89
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	5	5		228.74		45.75	.002		45.75		.07
EXAMINATIONS	5	5		228.74		45.75	.002		45.75		.07
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	14		2,710.58		193.61	.005		903.53		.89
PRINCIPAL SURGEON	2	1		1,989.31		1989.31	.000		994.66		.65
	0	0		•			.000				
ASSISTANT SURGEON				.00		.00			.00		.00
ANESTHESIOLOGIST	1	13		721.27		55.48	.004		721.27		.24
OUTPATIENT SURGERY	23	66		4,414.23		66.88	.022		191.92		1.45
PRINCIPAL SURGEON	20	33		3,584.82		108.63	.011		179.24		1.18
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	6	33		829.41		25.13	.011		138.24		.27
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	54	63		861.77		13.68	.021		15.96		.28
RADIOLOGY	112	157		5,581.86		35.55	.051		49.84		1.83
PSYCHIATRY	0	0		13.80		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	12		507.63		42.30	.004		63.45		.17
	57	164		6,383.11		38.92	.054		111.98		2.09
OTHER SERVICES/ALL X-OVERS			Ċ		Ċ			Ċ		Ċ	
@PHARMACY	1,123	4,787	\$	•	\$	41.56	1.570	Ş		Þ	65.23
PRESCRIPTION DRUGS	1,113	2,391		192,502.41		80.51	.784		172.96		63.12
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,113	2 , 391		192,502.41		80.51	.784		172.96		63.12
MEDICAL SUPPLIES	37	2,396		6,439.07		2.69	.786		174.03		2.11
@DENTIST	7,143 4,976	35 , 442	\$	1,293,328.36	\$	36.49	11.620	\$	181.06	\$	424.04
VISITS - DIAGNOSTIC	4,976	23,939		321,703.61		13.44	7.849		64.65		105.48
ORAL SURGERY	880	1,531		80,274.66		52.43	.502		91.22		26.32
DRUGS	76	88		1,630.00		18.52	.029		21.45		.53
ANESTHESIA	10	11		800.00		72.73	.004		80.00		.26
PERIODONTICS	257	263		46,153.00		175.49	.086		179.58		15.13
ENDODONTICS	703	1,291		232,726.80		180.27	.423		331.05		76.30
	2 , 718										
RESTORATIVE DENTISTRY		7,541		549,787.45		72.91	2.472		202.28		180.26
PROSTHETICS	41	45		1,330.00		29.56	.015		32.44		. 44
DENTURES, STAYPLATES	64	319		25,022.00		78.44	.105		390.97		8.20
SPACE MAINTAINERS	81	115		10,082.00		87.67	.038		124.47		3.31
MAXILLOFACIAL SERVICES	14	16		1,402.18		87.64	.005		100.16		.46
FRACTURES, DISLOCATIONS	2	2		140.00		70.00	.001		70.00		.05
ORTHODONTIC SERVICES	202	248		21,451.66		86.50	.081		106.20		7.03
ALL OTHER SERVICES	32	33		825.00		25.00	.011		25.78		.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		ES M		REPOR'			DEC		Р	AGE 17,038
MOP024	FEE-FOR-SERVICE/DENT								_ , , _		01/17/03
YOLO COUNTY	SUMMARY OF SERVICES		. 22 2	35 38 40 42 31-2M	3D 31	א זוז אוז אי	C-4C				01/1//00
TOTO COOMIT	COUNTY OF SHIVICES	101 CG1 30-	JJ J	,5 50 40 42 5A 5M	J1 J1	JU JW 40			HIV AMERA	~ E	

3,050 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

@OPTOMETRIST	99	269	\$	5,683.51	\$	21.13	.088	\$	57.41	\$	1.86
DIAGNOSTIC AND ANC. PROCED	57	57		2,648.82		46.47	.019		46.47		.87
EYE APPLIANCES	80	211		3,027.95		14.35	.069		37.85		.99
OTHER OPTOMETRIC SERVICES	1	1		6.74		6.74	.000		6.74		.00
@CHIROPRACTOR	1	1	\$	16.72		16.72	.000	Ś	16.72	Ś	.01
VISITS	<u>-</u> 1	1		16.72		16.72	.000		16.72		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	48.78	\$.00	.000	\$.00	\$.02
MEDICINE/INJECTIONS	0	0	Υ	.00	Υ	.00	.000	7	.00	Y	.00
SURGERY/ANES.	0	0		48.78		.00	.000		.00		.02
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
	0		Ċ					Ċ		ċ	
@HOME HEALTH AGENCY	0	1	\$	27.39		27.39	.000		27.39	\$.01
NURSE ANESTHESIST		0	\$.00		.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş •	.00		.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00		.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$	54.36		18.12	.001		27.18	\$.02
@TOTAL HOSPITAL	346	943	\$	76,240.16		80.85	.309	\$	220.35	\$	25.00
HOSP INPATIENT TOTAL	17	49		51,350.52		1047.97	.016		3020.62		16.84
HSC HOSPITALS	16	48		50,226.53		1046.39	.016		3139.16		16.47
NON-HSC HOSPITAL TOTAL	1	1		1,123.99		1123.99	.000		1123.99		.37
ACCOMMODATIONS	1	1		345.93		345.93	.000		345.93		.11
ADMINISTRATIVE DAYS	0	0		13.48		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		332.45		332.45	.000		332.45		.11
ANCILLARIES	1	0		778.06		.00	.000		778.06		.26
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	336	894		24,889.64		27.84	.293		74.08		8.16
MEDICAL	80	89		3,476.76		39.06	.029		43.46		1.14
SURGERY	18	18		1,188.03		66.00	.006		66.00		.39
PATHOLOGY	100	277		3,128.62		11.29	.091		31.29		1.03
RADIOLOGY	58	81		4,481.55		55.33	.027		77.27		1.47
	197	222		8,027.20		36.16	.073		40.75		2.63
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	120	207		4,587.48		22.16	.073		38.23		1.50
			Ċ	•				Ċ		ċ	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00		.00	.000	Þ	.00	\$	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITIEF	S MONTH-							ΡZ	AGE 17,039
MOP024	FEE-FOR-SERVICE/DENTA		.~ 11014111 '	~	01(1	1 1 010 01110	2302 1111(0	2110	. 2002	± <i>I</i>	01/17/03
VOLO COLINEY	CUMMARY OF CERTICES F		2 2 20	10 10 27 2M	3D 3E	211 214 40	10				01/1//00

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

YOLO COUNTY

3,050 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAC	E COST	UNITS/DAY	S COST PER	 COST PER
		OR DAYS OF CARE	3		PER UN	IIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	346	943	\$	76,240.16	\$ 8	30.85	.309	\$ 220.35	\$ 25.00
COMM HOSP INPATIENT TOTAL	17	49		51,350.52	104	17.97	.016	3020.62	16.84
HSC HOSPITALS	16	48		50,226.53	104	16.39	.016	3139.16	16.47
NON-HSC HOSPITALS TOTAL	1	1		1,123.99	112	23.99	.000	1123.99	.37
ACCOMMODATIONS	1	1		345.93	34	15.93	.000	345.93	.11
ADMINISTRATIVE DAYS	0	0		13.48		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	1		332.45	33	32.45	.000	332.45	.11
ANCILLARIES	1	0		778.06		.00	.000	778.06	.26
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	336	894		24,889.64	2	27.84	.293	74.08	8.16
MEDICAL	80	89		3,476.76	3	39.06	.029	43.46	1.14
SURGERY	18	18		1,188.03	(6.00	.006	66.00	.39
PATHOLOGY	100	277		3,128.62	-	1.29	.091	31.29	1.03
RADIOLOGY	58	81		4,481.55		55.33	.027	77.27	1.47
ROOM USE	197	222		8,027.20		36.16	.073	40.75	2.63
CROSSOVERS/ALL OTH OUTPINT	120	207		4,587.48		22.16	.068	38.23	1.50
@STATE HOSPITAL	4	122	\$	86,892.56	\$ 71	2.23	.040	\$ 21723.14	\$ 28.49
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	4	122		86,892.56	7:	2.23	.040	21723.14	28.49
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	3	\$	1,858.71	\$	619.57	.001	\$	619.57	\$.61
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	3		1,858.71		619.57	.001		619.57		.61
@REHABILITATION FACILITY	6	62	\$	949.05	\$	15.31	.020	\$	158.18	\$.31
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	6	62		949.05		15.31	.020		158.18		.31
@LABORATORY FACILITY	144	421	\$	6,088.38	\$	14.46	.138	\$	42.28	\$	2.00
PATHOLOGY	144	421		6,088.38		14.46	.138		42.28		2.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	389	583	\$	67,814.83	\$	116.32	.191	\$	174.33	\$	22.23
CLINIC	18	49		1,274.50		26.01	.016		70.81		.42
SURGICENTER	2	12		462.42		38.54	.004		231.21		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	370	522		66 , 077.91		126.59	.171		178.59		21.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	S MONT	H-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P7	AGE 17,040
MOP024	FEE-FOR-SERVICE/DENT										01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

1020 000111	SOIMMING OF SERV		, 55 5		01 010 00 01	. 10 10 M	ONTHLY AVER	ACF
3,050 ELIGIBLES	USERS	UNITS OF SERVIC	T.	EXPENDITURES	AVERAGE C	COST UNITS/DAY		COST PER
3,000 EDIGIDDES	ODERO	OR DAYS OF CAR		EXIENDITORES	PER UNIT/			ELIGIBLE
@ALL OTHER PROVIDERS	7,201	44,234	\$	274,928.07	\$ 6.2			
DURABLE MED. EQUIP.	12	66	7	6,634.19	100.5		552.85	2.18
BLOOD BANK	0	0		.00		000	.00	.00
HEARING AID DISPENSERS	0	0		.00	. (.00	.00
MEDICAL TRANSPORTATION	16	182		2,408.41	13.2		150.53	.79
AMBULANCES/AIR TRANS	16	182		2,408.41	13.2		150.53	.79
OTHER TRANS	0	0		.00		.000	.00	.00
OTHER SERVICES	0	0		.00	. (.00	.00
ACUPUNCTURE	0	0		.00	. (.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	. (.00	.00
GENETIC DISEASE TESTING	117	118		8,918.00	75.5		76.22	2.92
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	, 3.3		.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.0		.00	.00
OPTICIAN	995	2,095		19,202.96	9.1		19.30	6.30
PHYSICAL THERAPIST	1	11		175.09	15.9		175.09	.06
PORTABLE X-RAY	0	0		.00	.0		.00	.00
PROSTHETIST/ORTHOTISTS	4	12		1,868.28	155.6		467.07	.61
PROSTHETICS	3	11		1,792.27	162.9		597.42	.59
ORTHOTICS	1	1		76.01	76.0		76.01	.02
PSYCHOLOGIST	5	20		1,405.46	70.2		281.09	.46
SPEECH AND AUDIOLOGY	1	2		99.19	49.6		99.19	.03
HOSPICE SERVICES	0	0		.00	. (.00	.00
NONINST BIRTHING CENTERS	0	0		.00	. 0		.00	.00
LOCAL EDUCATION AGENCIES	6,097	29,214		230,966.18	7.9		37.88	75.73
EPSDT SUPPLEMENTAL SERVICE	, 0	. 0		.00	. 0		.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	. 0		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	. 0		.00	.00
ALL OTHER PROVIDERS	20	12,514		3,250.31	.2		162.52	1.07
@CALIF. CHILDREN SERVICES*	61	371	\$	•	\$ 151.6			
@XOVER EXCLUDING STATE HOSP**	5	7	\$	2,875.11	\$ 410.7		\$ 575.02	•
		DAME THEODAY STON	T III T 1	ONT				•

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,041 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT

						M	ONT	HLY AVERA	ΔGE	
4,062 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	26,821 1,132	195,770	\$ 7,103,316.97	\$	36.28	48.195	\$	264.84	\$	1748.72
@PHYSICIANS SERVICES	1,132	2,570	\$ 97,211.91	\$	37.83	.633	\$	85.88	\$	23.93
OUTPATIENT VISITS	711	921	39,886.77		43.31	.227		56.10		9.82
OFFICE VISITS	482	607	25,033.27		41.24	.149		51.94		6.16
HOME VISITS	13	18	725.32		40.30	.004		55.79		.18
EMERGENCY ROOM	155	176	9,272.36		52.68	.043		59.82		2.28
PREVENTIVE CARE	2	2	101.96		50.98	.000		50.98		.03
OB VISITS/COMPRE PERI	3	13	580.72		44.67	.003		193.57		.14
OTHER OUTPATIENT	87	105	4,173.14		39.74	.026		47.97		1.03
INPATIENT VISITS	100	226	10,830.59		47.92	.056		108.31		2.67
HOSPITAL VISITS	36	124	5 , 886.95		47.48	.031		163.53		1.45
CRITICAL CARE	1	3	2,710.11		903.37	.001		2710.11		.67
SNF/ICF/TRANS IP CARE	66	99	2,233.53		22.56	.024		33.84		.55
OPHTHALMOLOGICAL SERVICES	10	10	452.98		45.30	.002		45.30		.11
EXAMINATIONS	10	10	452.98		45.30	.002		45.30		.11
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	8	34	5,467.67		160.81	.008		683.46		1.35
PRINCIPAL SURGEON	6	5	3,547.53		709.51	.001		591.26		.87
ASSISTANT SURGEON	2	2	164.09		82.05	.000		82.05		.04
ANESTHESIOLOGIST	2	27	1,756.05		65.04	.007		878.03		.43
OUTPATIENT SURGERY	42	103	7,380.70		71.66	.025		175.73		1.82
PRINCIPAL SURGEON	35	49	5 , 854.97		119.49	.012		167.28		1.44
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	11	54	1,525.73		28.25	.013		138.70		.38
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	85	144	2,117.06		14.70	.035		24.91		.52
RADIOLOGY	186	281	12,084.62		43.01	.069		64.97		2.98
PSYCHIATRY	1	1	37.02		37.02	.000		37.02		.01
IMMUNIZATION AND INJECTION	12	141	2,221.40		15.75	.035		185.12		.55
OTHER SERVICES/ALL X-OVERS	212	709	16,733.10		23.60	.175		78.93		4.12
@PHARMACY	6,264	19,030	\$ 2,351,796.26	\$		4.685	Ş		Ş	578.97
PRESCRIPTION DRUGS	6,242	15,224	2,341,036.11		153.77	3.748		375.05		576.33
SNF/ICF	436	2,154	266,635.48		123.79	.530		611.55		65.64
OUTPATIENTS	5,852	13,070	2,074,400.63		158.71	3.218		354.48		510.68
MEDICAL SUPPLIES	436 5,852 65 11,184	3,806	10,760.15		2.83	.937		165.54		2.65
@DENTIST	11,184 7,413	53,355	\$ 2,215,636.87	Ş	41.53	13.135	Ş	198.11	Ş	545.45
VISITS - DIAGNOSTIC	7,413	35,220	461,394.53		13.10	8.671		62.24		113.59
ORAL SURGERY	1,385	2,731	139,120.21		50.94	.672		100.45		34.25
DRUGS	77	89	1,655.00		18.60	.022		21.49		.41
ANESTHESIA	13	14	1,100.00		78.57	.003		84.62		.27
PERIODONTICS	627	659	116,254.68		176.41	.162		185.41		28.62
ENDODONTICS	998	1,786	351,208.05		196.65	.440		351.91		86.46
RESTORATIVE DENTISTRY	3,857	10,492	890,542.95		84.88	2.583		230.89		219.24
PROSTHETICS	87 632	95	3,045.00		32.05	.023		35.00		.75
DENTURES, STAYPLATES		1,814	207,609.42		114.45	.447		328.50		51.11
SPACE MAINTAINERS	83 21	117 29	10,193.00 7,257.37		87.12 250.25	.029		122.81		2.51 1.79
MAXILLOFACIAL SERVICES	3		1,340.00					345.59		.33
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	210	3 259	22,741.66		446.67 87.81	.001		446.67 108.29		.33 5.60
ALL OTHER SERVICES	43	259 47	2,175.00		46.28	.012		50.58		.54
WHI CIUEV SEKAICES	43	4 /	2,1/3.00		40.40	.012		50.58		. 54

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,042 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT

YOLO COUNTY	SUMMARY OF SERV	/ICES FOR CASH GRANT					
4 060						THLY AVERAGE	
4,062 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	204	580 \$	12,403.12	\$ 21.38	.143 \$		3.05
DIAGNOSTIC AND ANC. PROCED	112	114	5,258.11	46.12	.028	46.95	1.29
EYE APPLIANCES	168	461	7,027.35	15.24	.113	41.83	1.73
OTHER OPTOMETRIC SERVICES	3	5	117.66	23.53	.001	39.22	.03
@CHIROPRACTOR	1	1 \$	16.72	\$ 16.72	.000 \$	·	.00
VISITS	1	1	16.72	16.72	.000	16.72	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	18	33 \$	626.90	\$ 19.00	.008 \$	34.83 \$.15
MEDICINE/INJECTIONS	11	12	370.00	30.83	.003	33.64	.09
SURGERY/ANES.	0	0	48.78	.00	.000	.00	.01
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.01
OTHER	7	19	173.52	9.13	.005	24.79	.04
@HOME HEALTH AGENCY	5	12 \$	800.10	\$ 66.68	.003 \$.20
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	4	5 \$	102.36	\$ 20.47	.001 \$	25.59 \$.03
@TOTAL HOSPITAL	578	1,913 \$	242,485.36	\$ 126.76	.471 \$	419.52 \$	59.70
HOSP INPATIENT TOTAL	67	347	196,785.22	567.10	.085	2937.09	48.45
HSC HOSPITALS	24	82	90,029.73	1097.92	.020	3751.24	22.16
NON-HSC HOSPITAL TOTAL	11	34	86,138.34	2533.48	.008	7830.76	21.21
ACCOMMODATIONS	11	34	39,234.21	1153.95	.008	3566.75	9.66
ADMINISTRATIVE DAYS	1	1	1,780.19CR	1780.19CR	.000	1780.19CR	.44CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	33	41,014.40	1242.86	.008	4101.44	10.10
ANCILLARIES	11	0	46,904.13	.00	.000	4264.01	11.55
INPATIENT CROSSOVERS	32	231	20,617.15	89.25	.057	644.29	5.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	522	1,566	45,700.14	29.18	.386	87.55	11.25
MEDICAL	105	117	6,367.19	54.42	.029	60.64	1.57
SURGERY	25	25	1,519.71	60.79	.006	60.79	.37
PATHOLOGY	154	472	5,549.31	11.76	.116	36.03	1.37
RADIOLOGY	90	131	9,441.99	72.08	.032	104.91	2.32
ROOM USE	291	338	12,820.60	37.93	.083	44.06	3.16
CROSSOVERS/ALL OTH OUTPTNT		483	10,001.34	20.71	.119	44.45	2.46
@COUNTY HOSPITAL TOTAL	3	20 \$	21,797.06	\$ 1089.85		7265.69 \$	5.37
CO HOSPITAL INPATIENT TOTAL	ĺ	16	21,632.00	1352.00	.004	21632.00	5.33
HSC HOSPITALS	1	16	21,632.00	1352.00	.004	21632.00	5.33
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	165.06	41.27	.001	82.53	.04
MEDICAL MEDICAL	1	1	34.31	34.31	.000	34.31	.01
SURGERY	1	1	62.63	62.63	.000	62.63	.02
PATHOLOGY	1	1	23.23	23.23	.000	23.23	.01
11111011001	±	Δ.	23.23	23.23	.000	20.20	• • •

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.32	33.32	.000	33.32	.01
CROSSOVERS/ALL OTH OUTPINT	0	0	11.57	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN :	2002 THRU DEC	2002	PAGE 17,043
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT ----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 4,062 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 1,893 220,688.30 \$ 116.58 .466 \$ 383.81 \$ 54.33 COMM HOSP INPATIENT TOTAL 331 175,153.22 529.16 .081 2653.84 43.12 16.84 66 68,397.73 1036.33 .016 2973.81 HSC HOSPITALS 11 34 86,138.34 2533.48 .008 7830.76 NON-HSC HOSPITALS TOTAL 21.21 11 39,234.21 3566.75 ACCOMMODATIONS 1153.95 .008 9.66 1,780.19CR .000 1780.19CR .44CR ADMINISTRATIVE DAYS 1780.19CR TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 41,014.40 1242.86 .008 ALL OTHER ACCOM 4101.44 10.10 0 46,904.13 .00 .000 4264.01 11.55 ANCILLARIES 89.25 231 20,617.15 .057 644.29 5.08 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL 1,562 45,535.08 29.15 .385 87.57 11.21 MEDICAL 104 116 6,332.88 54.59 .029 60.89 SURGERY 2.4 24 1,457.08 60.71 .006 60.71 PATHOLOGY 153 471 5,526.08 11.73 .116 36.12 1.36 90 131 9,441.99 72.08 .032 RADIOLOGY 104.91 2.32 337 290 12,787.28 .083 44.09 3.15 CROSSOVERS/ALL OTH OUTPTNT 483 9,989.77 20.68 .119 44.40 2.46 @STATE HOSPITAL 16 469 289,960.75 618.25 .115 \$ 18122.55 71.38 .00 Ω .00 .000 .00 .00 MENTALLY ILL DEVELOP. DISABLED 16 469 289,960.75 618.25 .115 18122.55 71.38 1,368 137.27 .337 \$ 2888.96 \$ 46.23 @NURSING FACILITY 187,782.11 0 0 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 272 119.92 3261.72 LEV B-REHAB MD 32,617.15 .067 8.03 .00 0 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED 31 15,525.81 500.83 .008 15525.81 3.82 0 .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE 1,065 139,639.15 131.12 .262 2585.91 LEV B-REGULAR 90.79 .007 \$ 2723.55 @INTERMEDIATE CARE FACIL.-DD 30 2,723.55 .67 ICF DDH 0 .00 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00 ICF DDN/DDCN 30 2,723.55 90.79 .007 2723.55 . 67 @HEMODIALYSIS TOTAL 4,818.55 602.32 .002 \$ 688.36 \$ 1.19 HOSPITAL BASED .00 .00 .000 .00 .00 HEMODIALYSIS CENTER 8 4,818.55 602.32 .002 688.36 1.19 @REHABILITATION FACILITY 1,059.91 16.56 .016 \$ 132.49 55.43 .000 55.43 110.86 .03 HOSPITAL BASED INDEPENDENT FACILITY 62 949.05 15.31 .015 158.18 .23 13.41 .258 \$ 45.87 \$ @LABORATORY FACILITY 1,050 14,081.02 3.47 PATHOLOGY 1,049 14,078.53 13.42 .258 46.01 3.47 2.49 2.49 .000 2.49 XO AND OTHERS 1 .00 536 850 103,394.94 121.64 .209 192.90 @ORGANIZED OUTPATIENT CLINIC 25.45 76 27.09 58.82 2,058.64 .019 .51 CLINIC 1,372.89 34.32 .010 196.13 .34 SURGICENTER 0 HEROIN DETOX CLINIC .00 .00 .000 .00 .00 RURAL HEALTH CLINIC 734 99,963.41 136.19 .181 201.95 24.61 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,044

1010 000111	DOIMMING OF DELI	CVICED FOR CHOIL ORDIVI					
					MON	ITHLY AVERA	GE
4,062 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	10,026	114,432 \$	1,578,416.54	\$ 13.79	28.171 \$	157.43	\$ 388.58
DURABLE MED. EQUIP.	28	118	11,200.91	94.92	.029	400.03	2.76
BLOOD BANK	0	0	66.50	.00	.000	.00	.02
HEARING AID DISPENSERS	3	4	874.42	218.61	.001	291.47	.22
MEDICAL TRANSPORTATION	79	1,722	16,007.71	9.30	.424	202.63	3.94
AMBULANCES/AIR TRANS	57	830	9,997.59	12.05	.204	175.40	2.46
OTHER TRANS	18	875	3,944.69	4.51	.215	219.15	.97
OTHER SERVICES	5	17	2,065.43	121.50	.004	413.09	.51
ACUPUNCTURE	1	4	64.88	16.22	.001	64.88	.02
ADULT DAY HEALTH CARE CTR	634	11,022	738,341.87	66.99	2.713	1164.58	181.77
GENETIC DISEASE TESTING	130	131	9,906.00	75.62	.032	76.20	2.44
IHMC, MODEL-NF, NF, AIDS, MSSP	88	9,404	298,581.14	31.75	2.315	3392.97	73.51
OCCUPATIONAL THERAPIST	2	14	268.00	19.14	.003	134.00	.07
OPTICIAN	2,304	4,990	53,903.70	10.80	1.228	23.40	13.27
PHYSICAL THERAPIST	3	17	302.23	17.78	.004	100.74	.07
PORTABLE X-RAY	9	16	354.67	22.17	.004	39.41	.09
PROSTHETIST/ORTHOTISTS	5	13	1,871.36	143.95	.003	374.27	.46
PROSTHETICS	4	12	1,795.35	149.61	.003	448.84	.44
ORTHOTICS	1	1	76.01	76.01	.000	76.01	.02
PSYCHOLOGIST	10	29	1,717.62	59.23	.007	171.76	.42
SPEECH AND AUDIOLOGY	5	4 4	1,311.08	29.80	.011	262.22	.32
HOSPICE SERVICES	1	30	3,512.70	117.09	.007	3512.70	.86
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6 , 739	43,791	315,505.20	7.20	10.781	46.82	77.67
EPSDT SUPPLEMENTAL SERVICE	12	4,110	113,351.70	27.58	1.012	9445.98	27.91
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	83	38 , 973	11,274.85	.29	9.595	135.84	2.78
@CALIF. CHILDREN SERVICES*	91	479	\$ 66,062.69	\$ 137.92	.118	\$ 725.96 \$	16.26
@XOVER EXCLUDING STATE HOSP**	235	1,499	\$ 56,102.90	\$ 37.43	.369	\$ 238.74 \$	13.81

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,045 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY	SUMMARY OF SERV	ICES FOR	185% PF	OGRAM -	TNFANTS	AID COI	DES 47	69		01/1//00
1010 000111	SOPREMICT OF SERVE	ICHO IOIC	1000 11	(0014111	1111111110	71110 001	000 17		THLY AVERAG	E
27 ELIGIBLES	USERS	UNITS OF	SERVICE	1	EXPENDITURES	AVERACE	COST	UNITS/DAYS		COST PER
27 50101000	OSERS	OR DAYS			EXTENDITORES			PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	31	OK DAIS	125	\$	5,933.80		7.47	4.630 \$		
@PHYSICIANS SERVICES	6		15	\$	758.43		0.56	.556 \$		
OUTPATIENT VISITS	6		17	Ÿ	856.41		0.38	.630	142.74	31.72
OFFICE VISITS	6		17		783.66		5.10	.630	130.61	29.02
HOME VISITS	0		0		.00	4 (.00	.000	.00	.00
EMERGENCY ROOM	0		0		6.45		.00	.000	.00	.24
PREVENTIVE CARE	0		0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0		0		66.30		.00	.000	.00	2.46
INPATIENT VISITS	0		0		14.21CR		.00	.000	.00	.53CR
HOSPITAL VISITS	0		0		.00		.00	.000	.00	.00
CRITICAL CARE	0		0		14.21CR		.00	.000	.00	.53CR
SNF/ICF/TRANS IP CARE	0		0		.00			.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00	.00
	0		0							
EXAMINATIONS	0		0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		Ü		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	•		0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	· ·		0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0		O		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	.00
DIALYSIS	0		0		.00		.00	.000	.00	.00
PATHOLOGY	0		0		.00		.00	.000	.00	.00
RADIOLOGY	0		0		.00		.00	.000	.00	.00
PSYCHIATRY	0		0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1		2CR		83.77CR		L.89	.074CR	83.77CR	
@PHARMACY	19		89	\$			0.87	3.296 \$		
PRESCRIPTION DRUGS	14		60		1,823.67	3(0.39	2.222	130.26	67.54
SNF/ICF	0		0		.00		.00	.000	.00	.00
OUTPATIENTS	14		60		1,823.67).39	2.222	130.26	67.54
MEDICAL SUPPLIES	5		29	_	1,814.06		2.55	1.074	362.81	67.19
@DENTIST	0		0	\$.00	\$.00	.000 \$		•
VISITS - DIAGNOSTIC	0		0		.00		.00	.000	.00	.00
ORAL SURGERY	0		0		.00		.00	.000	.00	.00
DRUGS	0		0		.00		.00	.000	.00	.00
ANESTHESIA	0		0		.00		.00	.000	.00	.00
PERIODONTICS	0		0		.00		.00	.000	.00	.00
ENDODONTICS	0		0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000	.00	.00
PROSTHETICS	0		0		.00		.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MON	TH-OF-PAYMENT REPO	ORT FOR JAN 20	02 THRU DE	C 2002	PAGE 17,046
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR 185% PROGRAM	- INFANTS A	AID CODES 47 6	9		
				-	MON	THLY AVERAG	E
27 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES A	AVERAGE COST U	NITS/DAYS	COST PER	COST PER
			_	/ /			

YOLO COUNTY	SUMMARY OF SER	VICES FOR	185% PR	.OGRAM -	INFANTS	All	D CODES 4/					
								MC	TNC	HLY AVERA	GΕ	
27 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	5 (COST PER		COST PER
		OR DAYS	OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	OIC BIIIO	0	\$.00	Ś	.00	.000	Ċ	.00	Ċ	
•	0			Ą	.00	Ą	.00	.000	۲	.00	۲	
DIAGNOSTIC AND ANC. PROCED	•		0									.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	Ś	.00	.000	Ċ	.00	Ċ	.00
•	0		0	Ą		Ą			۲		۲	
MEDICINE/INJECTIONS	U				.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0		Ö	Š	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
	O O											
PEDIATRIC NURSE PRACTITIONER			0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	3		4	\$	795.35	\$	198.84	.148	\$	265.12	\$	29.46
HOSP INPATIENT TOTAL	1		1		510.00		510.00	.037		510.00		18.89
HSC HOSPITALS	1		1		510.00		510.00	.037		510.00		18.89
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
	0											
ADMINISTRATIVE DAYS	· ·		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		3		285.35		95.12	.111		142.68		10.57
			J 1									
MEDICAL	Ţ		Ţ		157.01		157.01	.037		157.01		5.82
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		67.30		.00	.000		.00		2.49
RADIOLOGY	1		1		27.46		27.46	.037		27.46		1.02
ROOM USE	1		1		33.06		33.06	.037		33.06		1.22
CROSSOVERS/ALL OTH OUTPTNT	0		0		.52		.00	.000		.00		.02
@COUNTY HOSPITAL TOTAL	0		0	\$.00	Ś	.00	.000	Ċ	.00	Ċ	.00
-	•		0	Ą		Ą			۲		۲	
CO HOSPITAL INPATIENT TOTAL	U		-		.00		.00	.000		.00		.00
HSC HOSPITALS	Ü		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
	0		0		.00			.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		Û	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
	0		0	.00				
ROOM USE	0		0		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0		U	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			ENDITURES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 17,047
MOP024	FEE-FOR-SERVICE							01/17/03
YOLO COUNTY	SUMMARY OF SERVI	ICES FOR 1	185% PROGR	AM - INFANTS	AID CODES 47			
						MONT		
27 ELIGIBLES	USERS	UNITS OF S	SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
		OR DAYS (OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3		4 \$	795.35	\$ 198.84	.148 \$	265.12	\$ 29.46
COMM HOSP INPATIENT TOTAL	1		1	510.00	510.00	.037	510.00	18.89
HSC HOSPITALS	1		1	510.00	510.00	.037	510.00	18.89
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		n	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
	0		0	.00			.00	
ANCILLARIES	0		0		.00	.000		.00
INPATIENT CROSSOVERS	U		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2		3	285.35	95.12	.111	142.68	10.57
MEDICAL	1		1	157.01	157.01	.037	157.01	5.82
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	67.30	.00	.000	.00	2.49
RADIOLOGY	1		1	27.46	27.46	.037	27.46	1.02
ROOM USE	1		1	33.06	33.06	.037	33.06	1.22
CROSSOVERS/ALL OTH OUTPINT	0		0	.52	.00	.000	.00	.02
@STATE HOSPITAL	0		0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0 \$.00	\$.00	.000 \$.00	
LEV A-INTERMEDIATE	0		0 7	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
	0		0					
LEV B-SUBACUTE HSPTL BASED	U		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	U		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0		0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0		0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	n		0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
	1		-					
@LABORATORY FACILITY	1		1 \$	15.17	\$ 15.17	.037 \$	15.17	
PATHOLOGY	Τ		Τ	15.17	15.17	.037	15.17	.56
XO AND OTHERS	0		0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	3	3 \$	462.28	\$ 154.	09 .111	\$ 154.09	\$	17.12
CLINIC	0	0	.00		.000	.00		.00
SURGICENTER	0	0	.00		.000	.00		.00
HEROIN DETOX CLINIC	Ô	Û	.00		.000			.00
RURAL HEALTH CLINIC	3	3	462.28	154.				17.12
		ES AND EXPENDITURES M					D 7	AGE 17,048
#CALIF DEPT OF HEALTH SERV			JNTH-OF-PAIMENT R	EPORT FOR	JAN 2002 THRU	DEC 2002	PA	•
MOP024	FEE-FOR-SERVICE							01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRA	M - INFANTS	AID CODE				
					1	MONTHLY AVERA	∠GE -	
27 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE	COST UNITS/DAY	YS COST PER	С	COST PER
		OR DAYS OF CARE		PER UNIT	/DAY PER ELIC	G USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	6	13 \$	264.84	\$ 20.	37 .481	\$ 44.14	\$	9.81
DURABLE MED. EQUIP.	0	0	.00		.000	.00		.00
BLOOD BANK	0	0	.00		.000			.00
HEARING AID DISPENSERS	0	0	.00		000 .000			.00
MEDICAL TRANSPORTATION	0	0	.00		000 .000			.00
	0	0						
AMBULANCES/AIR TRANS	•		.00		.000			.00
OTHER TRANS	0	0	.00		.000			.00
OTHER SERVICES	0	0	.00		.000			.00
ACUPUNCTURE	0	0	.00		.000			.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.000	.00		.00
GENETIC DISEASE TESTING	3	3	137.00	45.	67 .111	45.67		5.07
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.000			.00
OPTICIAN	0	0	.00		000.000			.00
PHYSICAL THERAPIST	0	0	.00		000 .000			.00
	0	0	.00		000 .000			
PORTABLE X-RAY	0	-						.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.000			.00
PROSTHETICS	0	0	.00		.000			.00
ORTHOTICS	0	0	.00	•	.000			.00
PSYCHOLOGIST	0	0	.00		.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00		.000	.00		.00
HOSPICE SERVICES	0	0	.00		.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00		.000	.00		.00
LOCAL EDUCATION AGENCIES	3	10	127.84	12.	78 .370			4.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.000			.00
RESPIRATORY CARE PRACT.	0	0	.00		000.000			.00
PED SUBACUTE REHAB/WEANING	0	0	.00		000.000			.00
ALL OTHER PROVIDERS	0	0	.00		000 .000			.00
@CALIF. CHILDREN SERVICES*	0						Ċ	
• • • • • • • • • • • • • • • • • • • •	8	•	2,475.48	\$ 77.				91.68
@XOVER EXCLUDING STATE HOSP**		0 \$.00	\$.	.000	\$.00	Ş	.00
0* TOTALS IN THESE LINES ARE			- •					
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL LINE	S ABOVE.					
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABOVE.						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR	JAN 2002 THRU	DEC 2002	PA	AGE 17,049
MOP024	FEE-FOR-SERVICE	/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRA	M - PREGNANT A	ID CODES 4	4 48 49			
					N	MONTHLY AVERA	AGE -	
3,602 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE	COST UNITS/DAY			COST PER
3,002 111011110	OBERB	OR DAYS OF CARE	EXILINDITORES		DAY PER ELIC			ELIGIBLE
ATOTAL ALL DROWINEDS	2,500		1 370 600 05	-				
@TOTAL, ALL PROVIDERS	·	•	1,378,608.05					382.73
@PHYSICIANS SERVICES	951	2,495 \$	194,224.31	\$ 77.			Þ	53.92
OUTPATIENT VISITS	260	483	20,449.10	42.		78.65		5.68
OFFICE VISITS	75	93	3,912.29	42.				1.09
HOME VISITS	0	0	.00		.000			.00
EMERGENCY ROOM	9.4	101	5 925 29	5.8	67 028	63 04		1 65

58.67

.028

5,925.29

63.04

1.65

EMERGENCY ROOM

94

101

PREVENTIVE CARE	0	0	.00	.00	.00	Э	.00	.00
OB VISITS/COMPRE PERI	74	255	9,748.01	38.23	.07	1	131.73	2.71
OTHER OUTPATIENT	29	34	863.51	25.40	.00	9	29.78	.24
INPATIENT VISITS	114	334	21,990.49	65.84	.09	3	192.90	6.11
HOSPITAL VISITS	102	229	9,951.49	43.46	.06	4	97.56	2.76
CRITICAL CARE	19	105	12,039.00	114.66	.02	9	633.63	3.34
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.00	Э	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.00	Э	.00	.00
EXAMINATIONS	0	0	.00	.00	.00	С	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.00	Э	.00	.00
INPATIENT HOSPITAL SURGERY	201	600	105,249.16	175.42	.16	7	523.63	29.22
PRINCIPAL SURGEON	113	123	85,727.40	696.97	.03	4	758.65	23.80
ASSISTANT SURGEON	27	27	4,958.09	183.63	.00	7	183.63	1.38
ANESTHESIOLOGIST	84	450	14,563.67	32.36	.12	5	173.38	4.04
OUTPATIENT SURGERY	98	165	9,328.60	56.54	.04	6	95.19	2.59
PRINCIPAL SURGEON	88	107	7,434.72	69.48	.03	C	84.49	2.06
ASSISTANT SURGEON	1	1	186.50	186.50	.00	C	186.50	.05
ANESTHESIOLOGIST	17	57	1,707.38	29.95	.01	6	100.43	.47
DIALYSIS	0	0	.00	.00	.00	С	.00	.00
PATHOLOGY	116	200	4,422.10	22.11	.05	6	38.12	1.23
RADIOLOGY	413	526	28,405.91	54.00	.14	6	68.78	7.89
PSYCHIATRY	0	0	.00	.00	.00	С	.00	.00
IMMUNIZATION AND INJECTION	23	65	1,149.66	17.69	.01	3	49.99	.32
OTHER SERVICES/ALL X-OVERS	68	122	3,229.29	26.47	.03	4	47.49	.90
@PHARMACY	594	1 , 119	\$ 41,651.17	\$ 37.22	.31	1	\$ 70.12	\$ 11.56
PRESCRIPTION DRUGS	571	1,001	33,294.39	33.26	.27	3	58.31	9.24
SNF/ICF	0	0	.00	.00	.00	С	.00	.00
OUTPATIENTS	571	1,001	33,294.39	33.26	.27	3	58.31	9.24
MEDICAL SUPPLIES	50	118	8,356.78	70.82	.03	3	167.14	2.32
@DENTIST	17	57	\$ 532.00	\$ 9.33	.01	6	\$ 31.29	\$.15
VISITS - DIAGNOSTIC	14	43	157.00	3.65	.01	2	11.21	.04
ORAL SURGERY	4	4	175.00	43.75	.00	1	43.75	.05

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00		200.00	.000		200.00		.06
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	3	0		.00		.00	.002		.00		.00
	3	9		.00			.002		.00		
PROSTHETICS	0	0				.00					.00
DENTURES, STAYPLATES	0	U		.00		.00	.000		.00		.00
SPACE MAINTAINERS	•	Ü		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU C/DENTAL	RES MONT	TH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 17,050 01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 185% P	ROGRAM -	- PREGNANT Al	ID CO	DES 44 48	49				
							M	ONT	HLY AVERA	.GE	
3,602 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
VISITS	0	0	Y	.00	Y	.00	.000	٧	.00	٧	.00
OTHER SERVICES	0	0		.00		.00					
	0	0	\$		\$.000	ċ	.00	<u>ر</u>	.00
@PODIATRIST	0	•	Ş	.00	Ą	.00	.000	Þ	.00	\$.00
MEDICINE/INJECTIONS	U	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	46	61	\$	3 , 797.83	\$	62.26	.017	\$	82.56	\$	1.05
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,238	9,624	\$	968,891.86	\$	100.67	2.672	\$	782.63	\$	268.99
HOSP INPATIENT TOTAL	236	747		744,639.07		996.84	.207		3155.25		206.73
HSC HOSPITALS	121	309		330,632.64		1070.01	.086		2732.50		91.79
NON-HSC HOSPITAL TOTAL	116	438		414,006.43		945.22	.122		3569.02		114.94
ACCOMMODATIONS	116	438		156,255.07		356.75	.122		1347.03		43.38
ADMINISTRATIVE DAYS	0	0		161.76		.00	.000		.00		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	116	438		156,093.31		356.38	.122		1345.63		43.34
ANCILLARIES	116	0		257,751.36		.00	.000		2221.99		71.56
	0	0		•							
INPATIENT CROSSOVERS				.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,133	8,877		224,252.79		25.26	2.464		197.93		62.26
MEDICAL	94	108		3,697.15		34.23	.030		39.33		1.03
SURGERY	64	85		3,139.53		36.94	.024		49.06		.87
PATHOLOGY	381	1,100		12,488.10		11.35	.305		32.78		3.47
RADIOLOGY	122	135		8,337.65		61.76	.037		68.34		2.31
ROOM USE	886	1,682		53,563.34		31.85	.467		60.46		14.87
CROSSOVERS/ALL OTH OUTPINT	888	5,767		143,027.02		24.80	1.601		161.07		39.71
@COUNTY HOSPITAL TOTAL	8	42	\$	5,789.18	\$	137.84	.012	\$	723.65	\$	1.61
CO HOSPITAL INPATIENT TOTAL	1	4		4,800.02		1200.01	.001		4800.02		1.33
HSC HOSPITALS	1	4		4,800.02		1200.01	.001		4800.02		1.33

NON-HSC HOSPITALS TOTAL	0	0		.00)	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	7	38		989.16		26.03	.011	141.31		.27
MEDICAL	1	1		8.68		8.68	.000	8.68		.00
SURGERY	3	4		119.10		29.78	.001	39.70		.03
PATHOLOGY	5	16		310.82		19.43	.004	62.16		.09
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	4	8		471.96		59.00	.002	117.99		.13
CROSSOVERS/ALL OTH OUTPTNT	4	9		78.60		8.73	.002	19.65		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		IRES MON						D	AGE 17,051
MOP024	FEE-FOR-SERVICE		INES FION	III OF TATHENT	INDI OIN	I FOR OAN A	2002 IIIKO DE	10 2002	1	01/17/03
YOLO COUNTY	SUMMARY OF SERV		PROGRAM	- PRECNANT	ATD C	ODES 44 48	49			01/1//03
TODO COUNTI	DOMMANT OF BENV	ICED FOR 100 8 I	ROGRAM	INDONANI	AID C	JDE5 44 40	MON	THIV AVERA	CF	
3,602 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	2 2/1/1	FRACE COST		COST PER		COST PER
3,002 EDIGIDES	OSEIO	OR DAYS OF CAF		EXIENDITONES		R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,231	9,582	\$	963,102.68		100.51	2.660 \$			267.38
COMM HOSP INPATIENT TOTAL	235	743	Y	739,839.05		995.75	.206	3148.25	Y	205.40
HSC HOSPITALS	120	305		325,832.62		1068.30	.085	2715.27		90.46
NON-HSC HOSPITALS TOTAL	116	438		414,006.43		945.22	.122	3569.02		114.94
ACCOMMODATIONS	116	438		156,255.07		356.75	.122	1347.03		43.38
ADMINISTRATIVE DAYS	0	100		161.76		.00	.000	.00		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
	116	438		156,093.31		356.38	.122	1345.63		43.34
ALL OTHER ACCOM ANCILLARIES	116	430		257,751.36		.00	.000	2221.99		71.56
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,126	8,839		223,263.63		25.26	2.454	198.28		61.98
MEDICAL	93	107		3,688.47		34.47	.030	39.66		1.02
SURGERY	61	81		3,020.43		37.29	.022	49.52		.84
PATHOLOGY	376	1,084		12,177.28		11.23	.301	32.39		3.38
RADIOLOGY	122	135		8,337.65		61.76	.037	68.34		2.31
	882									
ROOM USE		1,674		53,091.38		31.72	.465	60.19		14.74 39.69
CROSSOVERS/ALL OTH OUTPINT	884	5 , 758	Ċ	142,948.42		24.83	1.599 .000 \$	161.71	ċ	
@STATE HOSPITAL	0		\$.00		.00	,		Ş	.00
MENTALLY ILL		0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	ć	.00		.00	.000	.00	Ċ	.00
@NURSING FACILITY	U	•	\$.00		.00	.000 \$		Þ	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	U	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00

0 0 0

0

0

0

0

\$

0

0

0

.00

.00

.00

.00

.00

.00

.00

.00

\$

\$

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00

.00

.00

.00

.00

.00 \$

\$

.00

.00

.00

.00

.00

.00

.00

.00

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

0.D	0	0	A	0.0	A	0.0	000	0.0	<u> </u>	0.0
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	708	1,760	\$	24,004.16	\$	13.64	.489 \$		\$	6.66
PATHOLOGY	708	1,760		24,004.16		13.64	.489	33.90		6.66
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	498	2,811	\$	122,864.52	\$	43.71	.780 \$	246.72	\$	34.11
CLINIC	476	2,763		118,273.96		42.81	.767	248.47		32.84
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	22	48		4,590.56		95.64	.013	208.66		1.27
#CALIF DEPT OF HEALTH SERV			URES M	MONTH-OF-PAYMENT E	REPORT				PAGE	17,052
MOP024	FEE-FOR-SERVICE		01120 1					0 2002		1/17/03
YOLO COUNTY	SUMMARY OF SERVI		PROGRA	AM - PREGNANT	ATD CO	DES 44 48	49		V	1/1//03
1020 000111	SOLUTION OF SERVE	1010 1010 1000	11100141	11 112011111 1	110 00	DEC 11 10	MON	THIY AVERA	GE	
3,602 ELIGIBLES	USERS	UNITS OF SERVI	CE.	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS			T PER
3,002 22121222	ODERO	OR DAYS OF CA		EM ENDITORED			PER ELIG	USER		GIBLE
@ALL OTHER PROVIDERS	196	578	\$	22,642.20	\$	39.17	.160 \$			6.29
	0	0	Y	.00	Y	.00	.000	.00	Ÿ	.00
DURABLE MED. EQUIP.	0	0		.00				.00		.00
BLOOD BANK	•	•				.00	.000			
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	21	398		7,654.90		19.23	.110	364.52		2.13
AMBULANCES/AIR TRANS	21	396		4,579.90		11.57	.110	218.09		1.27
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	2	2		3,075.00		1537.50	.001	1537.50		.85
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	172	172		14,498.00		84.29	.048	84.29		4.02
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	5	8		489.30		61.16	.002	97.86		.14
PROSTHETICS	5	8		489.30		61.16	.002	97.86		.14
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
	0	0		.00				.00		.00
NONINST BIRTHING CENTERS	0	0				.00	.000			
LOCAL EDUCATION AGENCIES	U	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	Ü	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	2	12	\$	15,392.50		1282.71		7696.25		4.27
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPARA	ATE INFORMATION	ITEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE API	PROPRIATE DETAI	L LINE	ES ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE	E DETAIL LINES	ABOVE.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDIT	URES M	MONTH-OF-PAYMENT E	REPORT	FOR JAN 2	2002 THRU DE	C 2002	PAGE	17,053
MOP024	FEE-FOR-SERVICE	DENTAL							0	1/17/03
YOLO COUNTY	SUMMARY OF SERVI	ICES FOR 60-DA	Y POST	PARTUM PROGRAM		AID CODE	76			
							MON	THLY AVERA	GE	
1 C BITCIDIEC	HCEDC	INTER OF CERTIF	CE	EADENDIBLIDEC	70 7 7 7777		IINITEC / DAVC	COCH DED	000	ממת ש

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

16 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	0	0	\$ 22.13	\$ \$.00	.000 \$.00	\$ 1.38
@PHYSICIANS SERVICES	0	0	\$.00) \$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00)	.00	.000	.00	.00
OFFICE VISITS	0	0	.00)	.00	.000	.00	.00
HOME VISITS	0	0	.00)	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00		.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00		.00	.000	.00	.00
INPATIENT VISITS	0	0	.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0						
	· · · · · · · · · · · · · · · · · · ·	0	.00		.00	.000	.00	.00
CRITICAL CARE	0	U	.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.00	.00
EXAMINATIONS	0	0	.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00)	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00)	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00)	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00)	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00)	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00	.00
DIALYSIS	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
	0	0						
PSYCHIATRY	0	· ·	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	U	0	.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000	.00	.00
@PHARMACY	0		\$.00		.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00		.00	.000	.00	.00
SNF/ICF	0	0	.00		.00	.000	.00	.00
OUTPATIENTS	0	0	.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00)	.00	.000	.00	.00
@DENTIST	0	0	\$.00) \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00)	.00	.000	.00	.00
ORAL SURGERY	0	0	.00)	.00	.000	.00	.00
DRUGS	0	0	.00)	.00	.000	.00	.00
ANESTHESIA	0	0	.00)	.00	.000	.00	.00
PERIODONTICS	0	0	.00		.00	.000	.00	.00
ENDODONTICS	0	0	.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00	.00
	0	0	.00				.00	.00
SPACE MAINTAINERS	0	•			.00	.000		
MAXILLOFACIAL SERVICES	•	0	.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	KEPORT I	OR JAN	2002 THRU DEC 2	002	PAGE 17,054
MOP024	FEE-FOR-SERVICE/D							01/17/03
YOLO COUNTY	SUMMARY OF SERVIC	ES FOR 60-DAY P	OST PARTUM PROGRAM	I	AID CODE			
						MONTHL		
16 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	S AVERA	AGE COST	UNITS/DAYS CO	ST PER	COST PER

@OPTOMETRIST	0	0	\$	00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		00	.00	.000	.00	.00
EYE APPLIANCES	0	0		00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	00	\$.00	.000	\$.00	\$.00
VISITS	0	0		00	.00	.000	.00	.00
OTHER SERVICES	0	0		00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		00	.00	.000	.00	.00
SURGERY/ANES.	0	0	•	00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		00	.00	.000	.00	.00
OTHER	0	0		00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$	00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		00	.00	.000	.00	.00
HSC HOSPITALS	0	0		00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		00	.00	.000	.00	.00
ANCILLARIES	0	0		00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		00	.00	.000	.00	.00
MEDICAL	0	0		00	.00	.000	.00	.00
SURGERY	0	0		00	.00	.000	.00	.00
PATHOLOGY	0	0	•	00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES N	MONTH-OF-PAYMENT REPOR	r for Jan 20	002 THRU DEC	2002	PAGE 17,055
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	60-DAY POST	PARTUM PROGRAM	AID CODE	76		
				_	MONTE	ITV AVERAC	F

----- MONTHLY AVERAGE -----16 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .000 \$ @COMMUNITY HOSPITAL TOTAL 0 0 .00 .00 .00 \$.00 0 .00 .00 COMM HOSP INPATIENT TOTAL 0 .00 .000 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .000 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 @STATE HOSPITAL .00 .000 \$.00 0 .00 .00 .000 .00 MENTALLY ILL .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY .00 .00 .000 \$.00 .00 .00 .00 .000 .00 .00 LEV A-INTERMEDIATE LEV B-REHAB MD .00 .00 .000 .00 .00 0 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 .00 LEV B-REGULAR 0 .00 .00 .000 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	22.13		.00	.000	\$		\$	1.38
CLINIC	0	0		22.13		.00	.000		.00		1.38
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MONTH-OF	-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 17,056
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FO	OR 60-DAY	POST PARTUM	I PROGRAM		AID CODE	76				
							M	IONTI	HLY AVERA	GE -	

					MON.	ITLI AVERAGE	
16 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,057

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

						MON'	THLY AVERA	GE -	
3,645 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,531	18,630	\$	1,384,563.98	\$ 74.32	5.111 \$	547.04	\$	379.85
@PHYSICIANS SERVICES	957	2,510	\$	194,982.74	\$ 77.68	.689 \$	203.74		53.49
OUTPATIENT VISITS	266	500	·	21,305.51	42.61	.137	80.10		5.85
OFFICE VISITS	81	110		4,695.95	42.69	.030	57.97		1.29
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	94	101		5,931.74	58.73	.028	63.10		1.63
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	74	255		9,748.01	38.23	.070	131.73		2.67
OTHER OUTPATIENT	29	34		929.81	27.35	.009	32.06		.26
INPATIENT VISITS	114	334		21,976.28	65.80	.092	192.77		6.03
HOSPITAL VISITS	102	229		9,951.49	43.46	.063	97.56		2.73
CRITICAL CARE	19	105		12,024.79	114.52	.029	632.88		3.30
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
	201	600		105 240 16	175 40	.165	523.63		28.87
INPATIENT HOSPITAL SURGERY		123		105,249.16	173.42				
PRINCIPAL SURGEON	113			85,727.40	090.97	.034	758.65		23.52
ASSISTANT SURGEON	27	27		4,958.09	183.63	.007	183.63		1.36
ANESTHESIOLOGIST	84	450		14,563.67	32.36	.123	173.38		4.00
OUTPATIENT SURGERY	98	165		9,328.60	.00 175.42 696.97 183.63 32.36 56.54 69.48	.045	95.19		2.56
PRINCIPAL SURGEON	88	107		7,434.72	69.48 186.50	.029	84.49		2.04
ASSISTANT SURGEON	1	1				.000	186.50		.05
ANESTHESIOLOGIST	17	57		1,707.38	29.95	.016	100.43		.47
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	116	200		4,422.10	22.11	.055	38.12		1.21
RADIOLOGY	413	526		28,405.91	54.00	.144	68.78		7.79
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	23	65		1,149.66	17.69 26.21	.018	49.99		.32
OTHER SERVICES/ALL X-OVERS	69	120		3,145.52	26.21	.033	45.59		.86
@PHARMACY	613	1,208	\$		\$ 37.49	.331 \$		\$	12.42
PRESCRIPTION DRUGS	585	1,061		35,118.06	33.10	.291	60.03		9.63
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	613 585 0 585	1,061		35,118.06	33.10 69.19	.291	60.03		9.63
MEDICAL SUPPLIES	55	147				.040	184.92		2.79
@DENTIST	17	57	\$	532.00	\$ 9.33	.016 \$		\$.15
VISITS - DIAGNOSTIC	14	43		157.00	3.65	.012	11.21		.04
ORAL SURGERY	4	4		175.00	43.75	.001	43.75		.05
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	1	1		200.00	200.00	.000	200.00		.05
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	3	9		.00	.00	.002	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
	-	-							

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,058 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL YOLO COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

YOLO COUNTY	SUMMARY OF SER	VICES FOR 185%/60)-DAY PP	AID CODES	44 4	1 / 48 49 69				~-	
2 645			_						HLY AVERA	GE.	
3,645 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
O O DECMEED TOE	0	OR DAYS OF CARE		0.0		CR UNIT/DAY			USER	Ċ	ELIGIBLE
@OPTOMETRIST		0	\$.00	\$.00	.000	Þ	.00	\$	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	ċ	.00	ċ	.00
VISITS	0	0	ş	.00	Ą	.00	.000	ې	.00	Ą	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	Ś	.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	Y	.00	Y	.00	.000	Y	.00	Υ	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	46	61	\$	3,797.83	\$	62.26	.017	Ś	82.56	\$	1.04
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	Õ	Ö	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,241	9,628	\$	969,687.21	\$	100.72	2.641	\$	781.38	\$	266.03
HOSP INPATIENT TOTAL	237	748		745,149.07		996.19	.205	·	3144.09		204.43
HSC HOSPITALS	122	310		331,142.64		1068.20	.085		2714.28		90.85
NON-HSC HOSPITAL TOTAL	116	438		414,006.43		945.22	.120		3569.02		113.58
ACCOMMODATIONS	116	438		156,255.07		356.75	.120		1347.03		42.87
ADMINISTRATIVE DAYS	0	0		161.76		.00	.000		.00		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	116	438		156,093.31		356.38	.120		1345.63		42.82
ANCILLARIES	116	0		257,751.36		.00	.000		2221.99		70.71
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,135	8,880		224,538.14		25.29	2.436		197.83		61.60
MEDICAL	95	109		3,854.16		35.36	.030		40.57		1.06
SURGERY	64	85		3,139.53		36.94	.023		49.06		.86
PATHOLOGY	381	1,100		12,555.40		11.41	.302		32.95		3.44
RADIOLOGY	123	136		8,365.11		61.51	.037		68.01		2.29
ROOM USE	887	1,683		53,596.40		31.85	.462		60.42		14.70
CROSSOVERS/ALL OTH OUTPINT		5,767	Ô	143,027.54	~	24.80	1.582	<u>^</u>	161.07	<u> </u>	39.24
@COUNTY HOSPITAL TOTAL	8 1	42	\$	5,789.18	\$	137.84	.012	Ş	723.65	Ş	
CO HOSPITAL INPATIENT TOTAL	1	4		4,800.02		1200.01	.001		4800.02		1.32
HSC HOSPITALS	0	0		4,800.02		1200.01	.001		4800.02		1.32
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	7	38		989.16		26.03	.010		141.31		.27
MEDICAL	1	1		8.68		8.68	.000		8.68		.00
SURGERY	3	4		119.10		29.78	.001		39.70		.03
PATHOLOGY	5	16		310.82		19.43	.004		62.16		.09

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	8	471.96	59.00	.002	117.99	.13
CROSSOVERS/ALL OTH OUTPINT	4	9	78.60	8.73	.002	19.65	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 17,059
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES E	FOR 185%/60-DAY	Y PP AID CODES 44 47	48 49 69	76		

						MC	ONTHLY AVERA	GE
3,645 ELIGIBLES	USERS	UNITS OF SERVICE	£.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,234	9,586	\$	963,898.03	\$ 100.55	2.630	\$ 781.12	\$ 264.44
COMM HOSP INPATIENT TOTAL	236	744		740,349.05	995.09	.204	3137.07	203.11
HSC HOSPITALS	121	306		326,342.62	1066.48	.084	2697.05	89.53
NON-HSC HOSPITALS TOTAL	116	438		414,006.43	945.22	.120	3569.02	113.58
ACCOMMODATIONS	116	438		156,255.07	356.75	.120	1347.03	42.87
ADMINISTRATIVE DAYS	0	0		161.76	.00	.000	.00	.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	116	438		156,093.31	356.38	.120	1345.63	42.82
ANCILLARIES	116	0		257,751.36	.00	.000	2221.99	70.71
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,128	8,842		223,548.98	25.28	2.426	198.18	61.33
MEDICAL	94	108		3,845.48	35.61	.030	40.91	1.06
SURGERY	61	81		3,020.43	37.29	.022	49.52	.83
PATHOLOGY	376	1,084		12,244.58	11.30	.297	32.57	3.36
RADIOLOGY	123	136		8,365.11	61.51	.037	68.01	2.29
ROOM USE	883	1,675		53,124.44	31.72	.460	60.16	14.57
CROSSOVERS/ALL OTH OUTPTNT	884	5 , 758		142,948.94	24.83	1.580	161.71	39.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	Ο	Ω		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ô	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	Ô	0	Ś	.00	Ś	.00	.000	Ś		\$.00
ICF DDH	Ô	0	т	.00	т	.00	.000	т	.00	Τ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	Ś	.00	.000	Ś		\$.00
HOSPITAL BASED	0	0	т	.00	т	.00	.000	Τ.	.00	Τ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	7	.00	7	.00	.000	т.	.00	-	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	709	1,761	\$	24,019.33	\$	13.64	.483	Ś	33.88	Ś	6.59
PATHOLOGY	709	1,761	'	24,019.33		13.64	.483		33.88		6.59
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	501	2,814	\$	123,348.93	\$	43.83	.772	\$	246.21	\$	33.84
CLINIC	476	2,763	,	118,296.09		42.81	.758		248.52	•	32.45
SURGICENTER	0	. 0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	25	51		5,052.84		99.08	.014		202.11		1.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES M	ONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 17,060
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FO	OR 185%/	60-DAY	PP AID CODES	44 47	48 49 69	76				
							M	ONT	HLY AVERA	GE -	

					MON	THLY AVERA	GE
3,645 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	202	591 \$	22,907.04	\$ 38.76	.162 \$	113.40	\$ 6.28
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	398	7,654.90	19.23	.109	364.52	2.10
AMBULANCES/AIR TRANS	21	396	4,579.90	11.57	.109	218.09	1.26
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.001	1537.50	.84
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	175	175	14,635.00	83.63	.048	83.63	4.02
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	8	489.30	61.16	.002	97.86	.13
PROSTHETICS	5	8	489.30	61.16	.002	97.86	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	10	127.84	12.78	.003	42.61	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	10	44	\$ 17,867.98	\$ 406.09	.012	\$ 1786.80	\$ 4.90
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,061 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 379.14 \$ @TOTAL, ALL PROVIDERS 1,063 36,397.30 \$ 34.24 .000 \$. 00 0 0 .00 .00 \$ @PHYSICIANS SERVICES .00 Ś .000 \$.00 0 .00 .00 OUTPATIENT VISITS .00 .000 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .000 .00 .00 .00 .00 .000 OTHER OUTPATIENT .00 . 00 . 00 . 00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 .00 EXAMINATIONS .00 . 00 .000 .00 .00 .00 .000 SERVICES AND MATERIALS . 00 . 00 .00 . 00 . 00 INPATIENT HOSPITAL SURGERY . 000 . 00 PRINCIPAL SURGEON .00 .00 .000 . 00 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .00 ANESTHESIOLOGIST .00 .000 .00 OUTPATIENT SURGERY .00 .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .000 .00 .00 .000 PSYCHIATRY .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 .00 .000 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 0 .00 .000 .00 .00 @PHARMACY 488 1,133.57 \$ 2.32 .000 \$ 141.70 \$.00 PRESCRIPTION DRUGS 16 754.71 47.17 .000 94.34 . 00 1 12.64 12.64 .000 12.64 . 00 SNF/ICF 15 742.07 49.47 106.01 .00 .000 OUTPATIENTS 1 .80 MEDICAL SUPPLIES 472 378.86 .000 378.86 .00 177 253.62 \$ @ DENTIST 10,905.68 \$ 61.61 .000 \$.00 VISITS - DIAGNOSTIC 23 93 1,230.68 13.23 .000 53.51 .00 4 340.00 48.57 85.00 .00 ORAL SURGERY .000 .00 .00 .000 .00 .00 DRUGS Ω .00 .00 .00 .000 .00 ANESTHESIA 179.29 1,255.00 179.29 .000 .00 PERIODONTICS .000 ENDODONTICS 520.00 173.33 260.00 .00 RESTORATIVE DENTISTRY 4,000.00 190.48 .000 444.44 .00 PROSTHETICS .00 .00 .000 .00 .00

DENTURES, STAYPLATES	12	46	3,560.00	77.39	.000	296.67	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 17,062
MOP024	FEE-FOR-SERVICE/DEN	NTAL					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	S FOR TITLE II I	DISREGARD - AGED	AID CODE	E 16		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE PER ELIG USER ELIGIBLE PER UNIT/DAY @OPTOMETRIST 3 8 151.68 18.96 .000 50.56 \$.00 \$ \$ DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 151.68 18.96 .000 50.56 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 0 @CHIROPRACTOR \$.00 Ś .00 .000 Ś .00 Ś .00 .00 .00 VISITS .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 @PODIATRIST MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 0 .00 .000 .00 @HOME HEALTH AGENCY .00 Ś Ś .00 .00 .00 .000 .00 \$.00 NURSE ANESTHESIST NURSE MIDWIFE .00 \$.00 .000 .00 Ś .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 359.77 71.95 .000 359.77 .00 @TOTAL HOSPITAL .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .00 ALL OTHER ACCOM .000 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 5 359.77 71.95 .000 359.77 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .00 .000 .00 ROOM USE 5 359.77 71.95 359.77 CROSSOVERS/ALL OTH OUTPINT .000 .00 @COUNTY HOSPITAL TOTAL .00 Ś .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .000 .00 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

	•	٥	0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES N	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 17,063
MOP024	FEE-FOR-SERVICE						01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR TITLE II D	ISREGARD - AGED	AID CODE	16		
					MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	5 \$	359.77	\$ 71.95	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	5	359.77	71.95	.000	359.77	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	5	359.77	71.95	.000	359.77	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	647.36	\$.00	.000 \$.00	\$.00
		•					

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	5	359.77	71.95	.000	359.77	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	5	359.77	71.95	.000	359.77	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ 647.36	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	647.36	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC	0 0 0	0 0 0 0	\$	13.00 .00 .00	\$.00	.000	.00	\$.00 .00 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	/DENTAL		13.00 ONTH-OF-PAYMENT R	EPORT			.00 EC 2002	.00 PAGE 17,064 01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DI	SREGARD - AGED		AID CODE			~=
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		RAGE COST UNIT/DAY	MO UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER	GE COST PER ELIGIBLE
@ALL OTHER PROVIDERS	44	385	\$	23,186.24	\$	60.22	.000	\$ 526.96	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00	.00
BLOOD BANK	0	0		.00		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00	.00
OTHER TRANS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	17	301		20,176.73		67.03	.000	1186.87	.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	4	26		2,227.01		85.65	.000	556.75	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	.00
OPTICIAN	24	47		601.69		12.80	.000	25.07	.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	11		180.81	16.44	.000	60.27	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	16	\$	540.58	\$ 33.79	.000	\$ 135.15	\$.00
O+ MOMATO THE MUDGE TIMES AND CITIEN A	0 7 00070700	TATEODAGA ELLONI	TENTAL ONL	37.				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,065
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL											01/17/03
YOLO COUNTY	SUMMARY OF SERV	VICES FOR	TITLE I	I DIS	REGARD - BLIN	D	AID	CODES 26	6A				
									MC	TNC	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF			EXPENDITUR				UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS	OF CARE	1			PER	UNIT/DAY	PER ELIG		USER	Ε	ELIGIBLE
@TOTAL, ALL PROVIDERS	2		8	\$	228.		\$	28.50	.000		114.00	\$.00
@PHYSICIANS SERVICES	0		0	\$		0.0	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0			00		.00	.000		.00		.00
OFFICE VISITS	0		0			0.0		.00	.000		.00		.00
HOME VISITS	0		0			00		.00	.000		.00		.00
EMERGENCY ROOM	0		0			0.0		.00	.000		.00		.00
PREVENTIVE CARE	0		0			0 C		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0			0.0		.00	.000		.00		.00
OTHER OUTPATIENT	0		0			0 C		.00	.000		.00		.00
INPATIENT VISITS	0		0			0 C		.00	.000		.00		.00
HOSPITAL VISITS	0		0			0.0		.00	.000		.00		.00
CRITICAL CARE	0		0			0.0		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0			0.0		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0			0.0		.00	.000		.00		.00
EXAMINATIONS	0		0			0.0		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0			0.0		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0			0.0		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			0.0		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			0.0		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			0.0		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0			0.0		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			0.0		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			0.0		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			0.0		.00	.000		.00		.00
DIALYSIS	0		0			0.0		.00	.000		.00		.00
PATHOLOGY	0		0			0.0		.00	.000		.00		.00
RADIOLOGY	0		0			0.0		.00	.000		.00		.00
PSYCHIATRY	0		0			0.0		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0			0.0		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0			0.0		.00	.000		.00		.00
@PHARMACY	0		0	\$		0.0	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0			0.0		.00	.000		.00		.00
SNF/ICF	0		0			0.0		.00	.000		.00		.00
OUTPATIENTS	0		0			0.0		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0			0.0		.00	.000		.00		.00
@DENTIST	2		8	\$	228.		\$	28.50	.000	\$	114.00	\$.00
VISITS - DIAGNOSTIC	2		5	•	100.			20.00	.000		50.00	-	.00
ORAL SURGERY	1		3		128.	0.0		42.67	.000		128.00		.00

DRUGS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0						
PERIODONTICS	U	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	Ô	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	MEDI CAI CEDITO	g .					
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OF-PAIMENT RE	PORT FOR JAN 2	.UUZ THRU DEC	2002	PAGE 17,066
MOP024	FEE-FOR-SERVICE			3.50 00050 06	63		01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISF	REGARD - BLIND	AID CODES 26			_
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	· · · · · · · · · · · · · · · · · · ·					
	0	0 0 \$.00	.00	.000	.00	.00
@PODIATRIST	U	• 1	.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	Ü	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
ROOM USE		· · · · · · · · · · · · · · · · · · ·		.00			
CROSSOVERS/ALL OTH OUTPINT		0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL 0
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ANCILLARIES 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS
ALL OTHER INPATIENT 0 0 0 0.00 .00 .000 .000 .000 .000 .0
CO HOSP OUTPATIENT TOTAL
MEDICAL
SURGERY 0 0 0 0 0 0 0 0 0
PATHOLOGY
RADIOLOGY 0 0 0 00 00 00 00 00 00 00 00 00 00 00
ROOM USE
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOPD AND ALL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,067 01/17/03 O1/17/03
MOP024
YOLO COUNTY SUMMARY OF SERVICES FOR UNITS OF SERVICE OF DAYS TITLE II DISREGARD - BLIND AID CODES 26 6A 00 ELIGIBLES USERS UNITS OF SERVICE OR DAYS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG PER UNIT/DAY PE
O ELIGIBLES
O ELIGIBLES
GCOMMUNITY HOSPITAL TOTAL OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
@COMMUNITY HOSPITAL TOTAL 0 0 \$.00 \$.00
COMM HOSP INPATIENT TOTAL 0 0 .00
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 .00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00
ANCILLARIES 0 0 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00
COMM HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00
MEDICAL 0 0 .00 .00 .00 .00 .00 .00
SURGERY 0 0 0 .00 .00 .00 .00 .00
PATHOLOGY 0 0 .00 .00 .00 .00 .00
RADIOLOGY 0 0 .00 .00 .00 .00 .00
ROOM USE 0 0 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00
MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00 .00
@NURSING FACILITY 0 0 \$.00 \$.00 .00 \$.00
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 .00 .00
LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00 .00
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00

0

0

0

0

0

\$

0

0

0

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

.00

.00

.00

.00

.00

.00

.00

.00

\$

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00

.00

.00

.00

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	•	.00
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00
CLINIC	0	0	.00	.00	.000	.00		.00
SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	S AND EXPENDITURES MO					PAGE 17	
MOP024	FEE-FOR-SERVICE		NIII OF FAIRENT NE	SPORT FOR UAN 2	2002 IIIKO DEC	2002		17/03
YOLO COUNTY		CES FOR TITLE II DIS	DECARD - RITND	AID CODES 26	67		01/1	17/03
IOLO COUNTI	SUMMARI OF SERV.	CES FOR TITLE II DIS	REGARD - BLIND	AID CODES 20	MONT	יעדע אזזפטאר	SE	
OO ELICIDIES	HCEDC	INTER OF REDUICE	EADENDIMIDEC	AVERAGE COST				
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST I	
CALL OBIED DROUDEDS	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIE	
@ALL OTHER PROVIDERS		0 \$.00	\$.00	.000 \$.00	•	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		.00
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	0	0	.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00		.00
@XOVER EXCLUDING STATE HOSP**	٠ 0	0 \$.00	\$.00	.000 \$.00		.00
0* TOTALS IN THESE LINES ARE		ATE INFORMATION ITEM O	NLY;	·	·		·	
THE AMOUNTS ARE ALREADY IN								
** THESE DATA ARE INCLUDED 1								
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 17	7,069
MOP024	FEE-FOR-SERVICE			,	220			17/03
YOLO COUNTY		CES FOR TITLE II DIS	REG - DISABLED AT	ID CODES 36 66	6C		/-	
					MONT	HIV AVERAC	2F	

OR DAYS OF CARE

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

00 ELIGIBLES

----- MONTHLY AVERAGE -----

PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	201	523	\$ 48,728.42	\$ 93.17	.000	\$ 242.43	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	107	164	\$ 27,432.04	\$ 167.27		\$ 256.37	\$.00
PRESCRIPTION DRUGS	107	164	27,432.04	167.27	.000	256.37	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	107	164	27,432.04	167.27	.000	256.37	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	85	281 \$	16,006.00	\$ 56.96	.000	\$ 188.31	\$.00
VISITS - DIAGNOSTIC	46	168	2,512.00	14.95	.000	54.61	.00
ORAL SURGERY	15	42	2,112.00	50.29	.000	140.80	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	8	8	1,050.00	131.25	.000	131.25	.00
ENDODONTICS	2	2	475.00	237.50	.000	237.50	.00
RESTORATIVE DENTISTRY	19	29	3,377.00	116.45	.000	177.74	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	17	32	6,480.00	202.50	.000	381.18	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REF	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 17,070

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 Ś .00 .000 \$.00 \$.00 0 .00 .00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES Ω 0 .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES Ω .00 .00 .000 . 00 .00 .00 .00 @CHIROPRACTOR .000 \$. 00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 21.87 10.94 21.87 \$ @PODIATRIST .000 \$.00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 .00 SURGERY/ANES. .000 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 21.87 10.94 .000 21.87 . 00 OTHER .00 .00 .000 \$.00 \$.00 @HOME HEALTH AGENCY .00 .00 NURSE ANESTHESIST .00 \$.000 \$ \$.00 NURSE MIDWIFE .00 Ś .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 .00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL 1,209.37 \$ 151.17 .000 \$ 604.69 \$.00 HOSP INPATIENT TOTAL 1,206.09 150.76 .000 603.05 .00 HSC HOSPITALS .00 . 00 .000 . 00 . 00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS 1,206.09 150.76 .000 603.05 .00 .00 .00 .00 .000 .00 ALL OTHER INPATIENT 3.28 .00 .00 HOSP OUTPATIENT TOTAL .000 .00 MEDICAL 3.28 .00 .000 .00 .00 .000 SURGERY .00 .00 .00 .00 .00 PATHOLOGY .00 .000 .00 .00

RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-C	F-PAYMENT REF	PORT FOR JAN	2002 THRU DEC	2002	PAGE 17,071
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	TITLE I	T DISREG -	DISABLED ATE	CODES 36 66	6C		

YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C
----- MONTHLY AVERAGE ------

00 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	 COST PER
		OR DAYS OF CAR	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	8	\$	1,209.37	\$ 151.17	.000 \$	604.69	\$.00
COMM HOSP INPATIENT TOTAL	2	8		1,206.09	150.76	.000	603.05	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	8		1,206.09	150.76	.000	603.05	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		3.28	.00	.000	.00	.00
MEDICAL	0	0		3.28	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000		.00		.00
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MONTE	H-OF-PAYMENT REF	PORT FOR JAN	1 2002 THRU	DEC	2002	PA	GE 17,072
MOP024	FEE-FOR-SERVICE/DE									01/17/03
				~						

YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

								MO	MTE	ILV AVERA	2F	
00 ELIGIBLES	USERS	UNITS OF SERVICE	7.	E.	XPENDITURES	A 1/1	ERAGE COST	UNITS/DAYS		COST PER		r per
00 221012220	00210	OR DAYS OF CAR					R UNIT/DAY	PER ELIG	_	USER		GIBLE
@ALL OTHER PROVIDERS	27	68	\$		4,059.14	\$	59.69	.000	\$	150.34	\$.00
DURABLE MED. EQUIP.	0	0			.00	·	.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	8	29			3,510.30		121.04	.000		438.79		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	19	39			548.84		14.07	.000		28.89		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0			.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	2	\$		1,227.96	\$	613.98	.000	\$	409.32	\$.00

 $[\]ensuremath{\emptyset}^{\star}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,073

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

YOLO COUNTY	SUMMARY OF SERV	ICES FOR	TITLE 11	L DISE	REGARD - FAMILIES	AID CODE			
							MON		
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		Ö		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		Ō		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		Ö		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
	0		0		.00		.000		.00
OUTPATIENT SURGERY	0		0			.00		.00	
PRINCIPAL SURGEON	0				.00	.00	.000	.00	.00
ASSISTANT SURGEON	•		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	•		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@ PHARMACY	0		0	\$.00	\$.00	.000		\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS	0		0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,074 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

						M	ГИО	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0		.00		.00	.00
ROOM USE	0	· · · · · · · · · · · · · · · · · · ·	.00		.000		
CROSSOVERS/ALL OTH OUTPTNT	U	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	•	ŭ	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 17,075
MOP024	FEE-FOR-SERVICE/DE						01/17/03
YOLO COUNTY	SUMMARY OF SERVICE	S FOR TITLE II DIS	SREGARD - FAMILIES	AID CODE			_
					MONT		
00 ELIGIBLES		IITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0		.00		.00	.00
PATHOLOGY	0	0	.00		.000		
RADIOLOGY		()	.00	.00	.000	.00	.00
DUVINI LICE	0	0					
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0					

0 0 0

0

0

0

@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000 \$

.000 \$

.000

.000

.000

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

LEV B-REHAB MD	0	0		.00	. C	0 .000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	. 0			.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	. 0			.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	. 0			.00		.00
LEV B-REGULAR	0	0		.00	. C			.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		\$.0		\$		\$.00
ICF DDH	0	0		.00	. 0			.00		.00
ICF DD	0	0		.00	.0	0 .000		.00		.00
ICF DDN/DDCN	0	0		.00	.0	0 .000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.0	0 .000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	. 0	0 .000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	. 0	0 .000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.0	0 .000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	. 0	0 .000		.00		.00
INDEPENDENT FACILITY	0	0		.00	. 0	0 .000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.0	0 .000	\$.00	\$.00
PATHOLOGY	0	0		.00	. 0	0 .000		.00		.00
XO AND OTHERS	0	0		.00	. 0	0 .000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.0	0 .000	\$.00	\$.00
CLINIC	0	0		.00	. 0	0 .000		.00		.00
SURGICENTER	0	0		.00	. 0	0 .000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	. 0	0 .000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	. 0			.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	OF-PAYMENT REP	ORT FOR J	AN 2002 THRU	DEC	2002	PA	GE 17,076
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREGA	RD - FAMILIES	AID C	ODE 46				

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 0 0 .00 .00 .00 DURABLE MED. EQUIP. .000 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 .00 MEDICAL TRANSPORTATION .00 .000 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER TRANS OTHER SERVICES .00 .00 .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@}}\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,077
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

IOLO COUNTI	SUMMARI OF SER	VICES FOR IIILE II	חבות	REGARD			MOI	лтитл	V AMERA	CF	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS			GЕ	COST PER
00 111011110	OBLIG	OR DAYS OF CARE				UNIT/DAY			JSER		ELIGIBLE
@TOTAL, ALL PROVIDERS	299		\$	85,353.72	\$	53.55	.000		285.46	\$.00
@PHYSICIANS SERVICES	0	•	\$.00	Ś	.00	.000			Ś	.00
OUTPATIENT VISITS	0	0	т	.00	т	.00	.000	r	.00	т	.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0										
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	115		\$		\$	43.81	.000		248.40	Ċ	.00
PRESCRIPTION DRUGS	115	180	Υ	28,186.75	Y	156.59	.000		245.10	Y	.00
SNF/ICF	1	1		12.64		12.64	.000		12.64		.00
	114	179		28,174.11		157.40			247.14		
OUTPATIENTS	114	1 / 9 472					.000				.00
MEDICAL SUPPLIES	-	= : =	<u>~</u>	378.86	<u> </u>	.80	.000		378.86	<u>^</u>	.00
@DENTIST	130		\$		\$	58.24	.000	? 4	208.77	۶	.00
VISITS - DIAGNOSTIC	71	266		3,842.68		14.45	.000		54.12		.00
ORAL SURGERY	20	52		2,580.00		49.62	.000	-	129.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	15	15		2,305.00		153.67	.000		153.67		.00
ENDODONTICS	4	5		995.00		199.00	.000		248.75		.00
RESTORATIVE DENTISTRY	28	50		7 , 377.00		147.54	.000	2	263.46		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00

DENTURES, STAYPLATES	29	78	10,040.00	128.72	.000	346.21	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES I	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 17,078
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR TITLE II D	ISREGARD				

YOLO COUNTY	SUMMARY OF SERV	VICES FOR TITL	ıE II	DIS	REGARD			MO	חואר	UIV AMEDA	CE	
00 ELIGIBLES	USERS	UNITS OF SERV	TCF		EXPENDITURES	Δ1/1	ERAGE COST			COST PER	.GE	COST PER
00 EDIGIBLES	OSEINS	OR DAYS OF C			EXECUDITORES		R UNIT/DAY	PER ELIG	,	USER		ELIGIBLE
@OPTOMETRIST	3	OR DAIS OF C			151.68	\$	18.96	.000	Ċ		Ś	.00
DIAGNOSTIC AND ANC. PROCED	0	0		,	.00	Y	.00	.000	Y	.00	Y	.00
EYE APPLIANCES	3	8			151.68		18.96	.000		50.56		.00
	0	0										
OTHER OPTOMETRIC SERVICES	•			,	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@CHIROPRACTOR	0	0		?	.00	\$.00		\$.00	\$.00
VISITS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
@PODIATRIST	1	2		P	21.87	\$	10.94	.000	Ş	21.87	\$.00
MEDICINE/INJECTIONS	0	0			.00		.00	.000		.00		.00
SURGERY/ANES.	0	0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0			.00		.00	.000		.00		.00
OTHER	1	2			21.87		10.94	.000		21.87		.00
@HOME HEALTH AGENCY	0	0		5	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0) {	5	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0)	5	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0) {	5	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0) \$	5	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	13	3	5	1,569.14	\$	120.70	.000	\$	523.05	Ś	.00
HOSP INPATIENT TOTAL	2	8		•	1,206.09		150.76	.000		603.05		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0)		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0)		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	0	,		1,206.09		150.76	.000		603.05		.00
ALL OTHER INPATIENT	0	0)		.00		.00	.000		.00		.00
	1	5	'									
HOSP OUTPATIENT TOTAL	0	0			363.05		72.61	.000		363.05		.00
MEDICAL	0	0			3.28		.00	.000		.00		.00
SURGERY	0	•			.00		.00	.000		.00		.00
PATHOLOGY	•	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		5			359.77		71.95	.000		359.77		.00
@COUNTY HOSPITAL TOTAL	0	0		5	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	'		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0)		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0)		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0)		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0)		.00		.00	.000		.00		.00
ANCILLARIES	0	0)		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXI	PENDITURE	S MON'	TH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU D	EC 2002	E	PAGE 17,079
MOP024	FEE-FOR-SERVICE	DENTAL									01/17/03
YOLO COUNTY	SUMMARY OF SERVI	CES FOR	TITLE II	DISR	EGARD						
								MC	NTHLY AVERA	ιGΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3		13	\$	1,569.14	\$	120.70	.000		\$.00
COMM HOSP INPATIENT TOTAL	2		8		1,206.09		150.76	.000	603.05		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	2		8		1,206.09		150.76	.000	603.05		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1		5		363.05		72.61	.000	363.05		.00
MEDICAL	0		0		3.28		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.00

.00

.00

.00

0 0 0

0

0

PATHOLOGY

RADIOLOGY ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	1		5		359.77		71.95	.000		359.77		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	647.36	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		647.36		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	13.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		13.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXI	PENDITUR	ES MO	NTH-OF-PAYMENT R	EPOR1	FOR JAN	2002 THRU	DEC	2002	PP	AGE 17,080
MOP024	FEE-FOR-SERVICE/	DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVI	CES FOR	TITLE I	I DIS	REGARD							
								M	ONT	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PEF	R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	71		453	\$	27,245.38	\$	60.14	.000	\$	383.74	\$.00

				1.101	TITLL AVEIVA	JLI
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
71	453 \$	27,245.38	\$ 60.14	.000 \$	383.74	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
17	301	20,176.73	67.03	.000	1186.87	.00
0	0	.00	.00	.000	.00	.00
12	55	5 , 737.31	104.31	.000	478.11	.00
0	0	.00	.00	.000	.00	.00
43	86	1,150.53	13.38	.000	26.76	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 71 0 0 0 0 0 0 0 17 0 12 0 43 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 71	OR DAYS OF CARE 71	OR DAYS OF CARE PER UNIT/DAY 71 453 \$ 27,245.38 \$ 60.14 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 17 301 20,176.73 67.03 0 0 .00 .00 12 55 5,737.31 104.31 0 0 .00 .00 43 86 1,150.53 13.38 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 71 453 \$ 27,245.38 \$ 60.14 .000 \$ 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 71 453 \$ 27,245.38 \$ 60.14 .000 \$ 383.74 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 17 301 20,176.73 67.03 .00 1186.87 0 0 .00 .00 .00 .00 12 55 5,737.31 104.31 .00 478.11 0 0 .00 .00 .00 .00 0<

HOSPICE SERVICES	0	0	.00	.0	0 .000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.0	0 .000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.0	0 .000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	0 .000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	0 .000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	0 .000	.00	.00
ALL OTHER PROVIDERS	3	11	180.81	16.4	4 .000	60.27	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.0	0 .000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7	18 \$	1,768.54	\$ 98.2	5 .000	\$ 252.65	\$.00
G+ MOMAIC IN MURCE IINEC ADE CIVEN A	C A CEDADAMI	TATEODMARITON THEM	ONIT V				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,081 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

YOLO COUNTY	SUMMARY OF SER	VICES FOR IN HOME	SUPE	PORT - AGED		AID CODE	18			
							MC	NTI	HLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	(COST PER	COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	101	1,128	\$	69 , 610.24	\$	61.71	.000	\$	689.21	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00	.00
OFFICE VISITS	0	0		.00		.00	.000		.00	.00
HOME VISITS	0	0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	.00
INPATIENT VISITS	0	0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00	.00
CRITICAL CARE	0	0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	.00
EXAMINATIONS	0	0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
DIALYSIS	0	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
RADIOLOGY	0	0		.00		.00	.000		.00	.00
PSYCHIATRY	0	0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00	.00
@PHARMACY	15	20	\$	1,382.49	\$	69.12	.000	\$	92.17	\$.00
PRESCRIPTION DRUGS	14	18		1,355.38		75.30	.000		96.81	.00
SNF/ICF	1	2		268.04		134.02	.000		268.04	.00
OUTPATIENTS	13	16		1,087.34		67.96	.000		83.64	.00
MEDICAL SUPPLIES	1	2		27.11		13.56	.000		27.11	.00
@DENTIST	19	91	\$	4,840.00	\$	53.19		\$	254.74	\$.00
VISITS - DIAGNOSTIC	11	40		730.00		18.25	.000		66.36	.00
ORAL SURGERY	5	35		846.00		24.17	.000		169.20	.00

DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	1	1		200.00		200.00	.000	200.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	2	5		289.00		57.80	.000	144.50		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	5	10		2,775.00		277.50	.000	555.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
	MEDI CAI CEDITCI	•	DEC MC						Ъ	
#CALIF DEPT OF HEALTH SERV			KES MC	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU D	£C 2002	Ρ.	AGE 17,082
MOP024	FEE-FOR-SERVICE,						1.0			01/17/03
YOLO COUNTY	SUMMARY OF SERV.	ICES FOR IN HOME	SUPE	PORT - AGED		AID CODE			~-	
			_					NTHLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	2	2	\$	94.90	\$	47.45	.000	\$ 47.45	\$.00
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.000	47.45		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	.00	\$.00
VISITS	0	0	•	.00	·	.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00
MEDICINE/INJECTIONS	0	0	۲	.00	Υ	.00	.000	.00	7	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
	0	0								.00
RADIO./PATHOLOGY	0	· · · · · · · · · · · · · · · · · · ·		.00		.00	.000	.00		
OTHER	U	0	^	.00	<u> </u>	.00	.000	.00	<u>^</u>	.00
@HOME HEALTH AGENCY	U	0	\$.00	\$.00		.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00		.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
	0									
MEDICAL	ŭ	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		o AND EXPENDITURES MON					
MOP024			NIH-OF-PAIMENI REP	ORI FOR JAN 2	UUZ IRKU DEG	2002	PAGE 17,083
YOLO COUNTY	FEE-FOR-SERVICE/DE		DM ACED	AID CODE	1.0		01/17/03
YOLO COUNTY	SUMMARY OF SERVICE	S FOR IN HOME SUPPO	DRT - AGED				,
00 ELICIDIES	HCEDC IIN	THE OF CERTIFIE	EXPENDIBLEC		MON'		
00 ELIGIBLES		ITS OF SERVICE		AVERAGE COST			COST PER
OCOMMUNITAL HOODITAL TOTAL		R DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$		\$.00	.000 \$.00 \$	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$		\$.00	.000 \$.00 \$	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	30CR \$	1,736.49CR		.000 \$	868.25CR\$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
TEN D DECILIAD	2	2 O C D	1 736 /QCD	57 00	$\cap \cap \cap$	060 25CD	$\cap \cap$

30CR

0

0

0

0

0

0

\$

0

0

0

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

1,736.49CR

.00

.00

.00

.00

.00

.00

.00

57.88

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000 \$

.000 \$

868.25CR

.00

.00

.00

.00

.00

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

HOSPITAL BASED
CLABORATORY FACILITY
PATHOLOGY
XO AND OTHERS
QORGANIZED OUTPATIENT CLINIC
CLINIC 0
SURGICENTER 0 0 0 0 0 0 0 0 0
HEROIN DETOX CLINIC
RURAL HEALTH CLINIC 0 0 13.76 .00 .000 .00 .00 .00 .00 .00 .00 .00 .
#CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,084 O1/17/03 O1/17/0
MOPO24
YOLO COUNTY
O ELIGIBLES
O ELIGIBLES
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 70 1,045 \$ 65,015.58 \$ 62.22 .000 \$ 928.79 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00 .00 .00 BLOOD BANK 0 0 .00 .
GALL OTHER PROVIDERS 70 1,045 \$ 65,015.58 \$ 62.22 .000 \$ 928.79 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00 .00 .00 .00 BLOOD BANK 0 0 .00
DURABLE MED. EQUIP. 0 0 .00
BLOOD BANK 0 0 .00<
HEARING AID DISPENSERS 0 0 .00 .00 .00 .00 .00 .00 MEDICAL TRANSPORTATION 1 11 30.65 2.79 .000 30.65 .00 AMBULANCES/AIR TRANS 0 0 .00 .00 .00 .00 .00 .00 OTHER TRANS 1 11 30.65 2.79 .000 30.65 .00
MEDICAL TRANSPORTATION 1 11 30.65 2.79 .000 30.65 .00 AMBULANCES/AIR TRANS 0 0 .00 .00 .00 .00 .00 .00 OTHER TRANS 1 11 30.65 2.79 .000 30.65 .00
AMBULANCES/AIR TRANS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
OTHER TRANS 1 11 30.65 2.79 .000 30.65 .00
OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00 .00
ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 .00
ADULT DAY HEALTH CARE CTR 46 852 57,168.65 67.10 .000 1242.80 .00
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00 .00 .00
IHMC, MODEL-NF, NF, AIDS, MSSP 11 154 7,121.19 46.24 .000 647.38 .00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00
OPTICIAN 10 23 282.49 12.28 .000 28.25 .00
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	5	412.60	82.52	.000	206.30	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	5	\$ 1,117.03	\$ 223.41	.000	\$ 372.34	\$.00
O. HORATO THE BURGE LINES AND CITIEN			 				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,085 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY	SUMMARY OF SERV	VICES FOR	IN HOME	SUPPORT	r - BLIND		AID CODE	28				
								MO	NTH	LY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	С	OST PER	COS	T PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	ELI	GIBLE
@TOTAL, ALL PROVIDERS	4		26	\$	1,203.00	\$	46.27	.000	\$	300.75	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0		.00		.00	.00	0 (.00	.00
OUTPATIENTS	0	0		.00		.00	.00		.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.00		.00	.00
@DENTIST	4	26	\$	1,203.00	\$	46.27	.00			
VISITS - DIAGNOSTIC	2	8		211.00		26.38	.00	0	105.50	.00
ORAL SURGERY	1	9		534.00		59.33	.00	0 (534.00	.00
DRUGS	0	0		.00		.00	.00	0 (.00	.00
ANESTHESIA	0	0		.00		.00	.00	0 (.00	.00
PERIODONTICS	0	0		.00		.00	.00	0 (.00	.00
ENDODONTICS	0	0		.00		.00	.00	0 (.00	.00
RESTORATIVE DENTISTRY	1	9		458.00		50.89	.00	0 (458.00	.00
PROSTHETICS	0	0		.00		.00	.00	0 (.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.00	0 (.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.00	0 (.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.00	0 (.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.00	0 (.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.00	0 (.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.00	0 (.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF	-PAYMENT RE	EPORT F	OR JAN	2002 THE	RU DE	C 2002	PAGE 17,086
MOP024	FEE-FOR-SERVICE/DENTAL	ı								01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28
----- MONTHLY AVERAGE -----

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	3 (COST PER	_	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	YPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DEC	2002	PAGE 17,087
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	UPPORT - BLIND	AID CODE	28		
					MONT	'HLY AVERAG	E

					MON'	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF	-PAYMENT RE	PORT	FOR JAN 200	2 THRU	DEC 2	2002	PA	GE 17,088
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT - 1	BLIND		AID CODE 28					

----- MONTHLY AVERAGE -----

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,089
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

IOLO COUNTI	SUMMARI OF SERV	ICES FOR IN HOME SO	FFORT - DISABLED	AID CODE	00		
					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	76	411 \$	21,233.68	\$ 51.66	.000 \$	279.39	\$.00
@PHYSICIANS SERVICES	0	0 \$	2.20	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00	.00	.000		.00		.00
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		2.20	.00	.000		.00		.00
@PHARMACY	21	55 \$	3	4,487.31	\$ 81.59	.000	\$	213.68	\$.00
PRESCRIPTION DRUGS	21	53		4,378.51	82.61	.000		208.50		.00
SNF/ICF	2	3		114.85	38.28	.000		57.43		.00
OUTPATIENTS	19	50		4,263.66	85.27	.000		224.40		.00
MEDICAL SUPPLIES	2	2		108.80	54.40	.000		54.40		.00
@DENTIST	32	153 \$	5	5,444.00	\$ 35.58	.000	\$	170.13	\$.00
VISITS - DIAGNOSTIC	24	104		1,317.00	12.66	.000		54.88		.00
ORAL SURGERY	5	27		1,117.00	41.37	.000		223.40		.00
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	4	4		655.00	163.75	.000		163.75		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	9		110.00	12.22	.000		55.00		.00
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	5	9		2,245.00	249.44	.000		449.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH	-OF-PAYMENT REE	PORT FOR JA	N 2002 THRU	DEC	2002	PA	GE 17,090
MOP024	FEE-FOR-SERVICE/DENTA	L								01/17/03

AID CODE 68

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 0 .000 \$.00 \$ 0 .00 \$.00 .00 .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .00 .000 VISITS 0 .00 .00 .00 .00 .00 .00 OTHER SERVICES .000 .00 @PODIATRIST 48.05 9.61 .000 \$ 16.02 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 48.05 9.61 .000 16.02 .00 @HOME HEALTH AGENCY .00 .00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER 0 .00 \$.00 FAMILY NURSE PRACTITIONER .000 .00 \$.00 227.33CR \$ 75.78CR\$ @TOTAL HOSPITAL 32.48 .000 \$.00 HOSP INPATIENT TOTAL .00 .00 .00 .00 .000 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .000 TRANSITIONAL IP CARE .00 .00 .00 .00 .00 ALL OTHER ACCOM .000 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

YOLO COUNTY

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	7CR	227.33CR	32.48	.000	75.78CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	7CR	227.33CR	32.48	.000	75.78CR	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00		.000 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0 5	.00	.00	.000 \$.00	.00
	0	0		.00			.00
HSC HOSPITALS	0	0	.00		.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	•	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REF	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 17,091
MOP024	FEE-FOR-SERVICE/DENTA						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES F		ORT - DISABLED	AID CODE	68		01/1//00
1020 000111		01. 11. 1101111 0011		1112 0022		THLY AVERAGE	
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		AYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	7CR \$	227.33CR		.000 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	•	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	7CR	227.33CR	32.48	.000	75.78CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	7CR	227.33CR	32.48	.000	75.78CR	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENION TIN TIT	0	0	0.0	0.0	000	0.0	0.0

0 0 0

\$

.00

.00

.00

.00 \$

.00

.00

.00

.00

.000

.000

.000

.000 \$

.00

.00

.00

.00 \$

.00

.00

.00

.00

0

0

0

MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	33	\$	1,573.42	\$	47.68	.000	\$	143.04	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	33		1,573.42		47.68	.000		143.04		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-C	F-PAYMENT	REPORT	FOR JAN 20	002 THRU	DEC	2002	PA	GE 17,092
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	- DISABLED		AID CODE 6	58				

TOLO COUNTI	SOMMANT OF SERV	ATCES FOR THE HOME	DOLLOWI	DISABLED	AID CODE	00		
						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	24	172	\$	9,906.03	\$ 57.59	.000 \$	412.75	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	9	141		9,447.10	67.00	.000	1049.68	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	12	24		274.94	11.46	.000	22.91	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	3		17.17	5.72	.000	8.59	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1	4	166.82	41.71	.000	166.82	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	6	2 \$	12.46CR \$	6.23CR	.000 \$	2.08CR\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PROSTHETICS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,093 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 92,046.92 508.55 \$ @TOTAL, ALL PROVIDERS 181 1,565 58.82 .000 \$. 00 0 0 2.20 \$.00 .000 \$.00 \$ @PHYSICIANS SERVICES .00 .00 .00 0 .000 .00 OUTPATIENT VISITS .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .000 .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 . 00 . 00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 .00 .00 .00 EXAMINATIONS .00 . 00 .000 .00 .00 .000 SERVICES AND MATERIALS .00 .00 . 00 . 00 .00 . 00 .000 . 00 INPATIENT HOSPITAL SURGERY . 00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .00 ANESTHESIOLOGIST .00 .000 .00 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 .00 .00 .000 .00 PRINCIPAL SURGEON ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .00 PATHOLOGY .000 .00 .00 RADIOLOGY .00 .00 .000 .00 0 0 75 71 .000 PSYCHIATRY .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION .00 .000 .00 OTHER SERVICES/ALL X-OVERS 2.20 .00 .000 .00 .00 @PHARMACY 5,869.80 \$ 78.26 .000 \$ 163.05 \$.00 PRESCRIPTION DRUGS 3.5 71 5,733.89 80.76 .000 163.83 . 00 3 127.63 SNF/ICF 382.89 76.58 .000 . 00 66 66 4 5,351.00 167.22 .00 81.08 .000 OUTPATIENTS 3 MEDICAL SUPPLIES 135.91 33.98 .000 45.30 .00 11,487.00 \$ 42.54 .000 \$ 208.85 \$ @ DENTIST 270 .00 VISITS - DIAGNOSTIC 37 152 2,258.00 14.86 .000 61.03 .00 11 2,497.00 35.17 227.00 .00 ORAL SURGERY .000 .00 .00 .000 .00 .00 DRUGS 0 0 .00 .00 .00 .000 .00 ANESTHESIA 855.00 171.00 171.00 .000 .00 PERIODONTICS .00 .00 .00 ENDODONTICS .000 .00 .00 37.26 857.00 RESTORATIVE DENTISTRY .000 171.40 .00

.00

.00

.000

.00

.00

DENTURES, STAYPLATES	10	19	5,020.00	264.21	.000	502.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2002 THRU	DEC 2002	PAGE 17,094
MOP024	FEE-FOR-SERVICE/DEN	NTAL					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR IN HOME SU	PPORT				
					M	ONTHLY AVERAC	E

						M	CNO	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	2	\$ 94.90	\$	47.45	.000	\$	47.45	\$.00
DIAGNOSTIC AND ANC. PROCED	2	2	94.90		47.45	.000		47.45		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	3	5	\$ 48.05	\$	9.61	.000	\$	16.02	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	3	5	48.05		9.61	.000		16.02		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	7CR	\$ 227.33CR	\$	32.48	.000	\$	75.78C	R\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	7CR		227.33CR	32.48	.000	75.78CR	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	7CR		227.33CR	32.48	.000	75.78CR	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000	\$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURE	S MONTH-OF	-PAYMENT REPORT	FOR JAN 2002	THRU I	DEC 2002	PAGE 17,095
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT					

YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT ----- MONTHLY AVERAGE ------

					MON	ILLI AVEVAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	7CR \$	227.33CR	\$ 32.48	.000 \$	75.78CR\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	7CR	227.33CR	32.48	.000	75.78CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

ONCODO VENO, NEE OIN OOTIINI	~	, 011		227.0001		0		, 0 . , 0 .	/	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	2	30CR	Ś	1,736.49CR	Ś	57.88	.000		TRS	.00
LEV A-INTERMEDIATE	<u>2</u>	0	Υ	.00	Υ	.00	.000	.00)I(Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-KERAS MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
	0	0								
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	U	•		.00		.00	.000	.00		.00
LEV B-REGULAR	2	30CR		1,736.49CR		57.88	.000	868.250		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		\$.00	.000		Ş	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0		.00	•	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		Ġ	.00
PATHOLOGY	0	0	Y	.00	Y	.00	.000	.00	Y	.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
	11	33	\$	1,587.18	\$	48.10			ċ	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	Þ		Ą		.000	.00	Ą	
CLINIC	0	0		.00		.00	.000			.00
SURGICENTER	Ü	•		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	11	33		1,587.18		48.10	.000	144.29		.00
	MEDI-CAL SERVIC FEE-FOR-SERVICE		ES 1	MONTH-OF-PAYMENT REI	PORT	FOR JAN 2	2002 THRU D	EC 2002	P.	AGE 17,096 01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUI	PPORT						
							MO	NTHLY AVERA	4GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	i	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	94	1,217	\$	74,921.61	\$	61.56	.000	\$ 797.04	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	1	11		30.65		2.79	.000	30.65		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	1	11		30.65		2.79	.000	30.65		.00
OTHER TRANS OTHER SERVICES) T	0		.00		.00	.000	.00		.00
	0	0								
ACUPUNCTURE	•			.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	55	993		66,615.75		67.09	.000	1211.20		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	11	154		7,121.19		46.24	.000	647.38		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
ODELCIAN	2.2	47		FF7 40		11 00	000	25 24		0.0

47

0

0

0

0

0

0

7CR

227.33CR

557.43

.00

.00

.00

.00

.00

.00

.00

11.86

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000

.000

25.34

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

32.48

.000

75.78CR

.00

CROSSOVERS/ALL OTH OUTPINT

OPTICIAN

PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

PORTABLE X-RAY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

3

22

0

0

0

0

0

0

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	3	17.17	5.72	.000	8.59	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	9	579.42	64.38	.000	193.14	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	9	7	\$ 1,104.57	\$ 157.80	.000	\$ 122.73	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,097 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

YOLO COUNTY	SUMMARY OF SER	VICES FOR PUBLIC A	SSIS	TANCE - AGED				
0.6						MON		
86 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	OST PER
	1 600	OR DAYS OF CARE		650 045 00	PER UNIT/DAY	_	USER	LIGIBLE
@TOTAL, ALL PROVIDERS	1,682	, -	\$	653,247.80	\$ 57.06	133.128		7595.90
@PHYSICIANS SERVICES	33		\$	4,085.54	\$ 20.33	2.337 \$		\$ 47.51
OUTPATIENT VISITS	5	5		509.66	101.93	.058	101.93	5.93
OFFICE VISITS	3	3		416.17	138.72	.035	138.72	4.84
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		72.00	36.00	.023	36.00	.84
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		21.49	.00	.000	.00	.25
INPATIENT VISITS	7	16		601.10	37.57	.186	85.87	6.99
HOSPITAL VISITS	4	11		451.10	41.01	.128	112.78	5.25
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	5		150.00	30.00	.058	37.50	1.74
OPHTHALMOLOGICAL SERVICES	0	0		2.81	.00	.000	.00	.03
EXAMINATIONS	0	0		2.81	.00	.000	.00	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2		126.77	63.39	.023	126.77	1.47
PRINCIPAL SURGEON	1	1		43.75	43.75	.012	43.75	.51
ASSISTANT SURGEON	1	1		83.02	83.02	.012	83.02	.97
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		293.36	293.36	.012	293.36	3.41
PRINCIPAL SURGEON	1	1		293.36	293.36	.012	293.36	3.41
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	31		139.78	4.51	.360	34.95	1.63
RADIOLOGY	6	15		346.95	23.13	.174	57.83	4.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	20	131		2,065.11	15.76	1.523	103.26	24.01
@PHARMACY	217	1,398	\$	38,700.04	\$ 27.68	16.256	178.34	\$ 450.00
PRESCRIPTION DRUGS	214	403		37,911.37	94.07	4.686	177.16	440.83
SNF/ICF	26	52		6 , 299.51	121.14	.605	242.29	73.25
OUTPATIENTS	190	351		31,611.86	90.06	4.081	166.38	367.58
MEDICAL SUPPLIES	7	995		788.67	.79	11.570	112.67	9.17
@DENTIST	795	3 , 252	\$	197,203.69	\$ 60.64	37.814	248.05	\$ 2293.07
VISITS - DIAGNOSTIC	448	1,769		23,278.71	13.16	20.570	51.96	270.68
ORAL SURGERY	119	353		15,926.75	45.12	4.105	133.84	185.19

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	64	64	11,470.00	179.22	.744	179.22	133.37
ENDODONTICS	51	104	24,255.00	233.22	1.209	475.59	282.03
RESTORATIVE DENTISTRY	179	467	60,321.75	129.17	5.430	336.99	701.42
PROSTHETICS	13	16	450.00	28.13	.186	34.62	5.23
DENTURES, STAYPLATES	195	470	60,626.48	128.99	5.465	310.91	704.96
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	8	875.00	109.38	.093	291.67	10.17
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.012	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES M	ONTH-OF-PAYMENT REPO	RT FOR JAN 2	002 THRU DE	C 2002	PAGE 17,098
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASSI	STANCE - AGED				
					MON	THLY AVERAG	E
06 51 1615 16	TIOTED O TINIT	TO OF OFFITOE		TED 3 CE COCE :		COCH DED	COOK DED

						M	JN.T.	HLY AVERA	GE	
86 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	18	42	\$ 959.34	\$	22.84	.488	\$	53.30	\$	11.16
DIAGNOSTIC AND ANC. PROCED	6	6	272.84		45.47	.070		45.47		3.17
EYE APPLIANCES	14	32	575.58		17.99	.372		41.11		6.69
OTHER OPTOMETRIC SERVICES	2	4	110.92		27.73	.047		55.46		1.29
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	1	6	\$ 8.28	\$	1.38	.070	\$	8.28	\$.10
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	1	6	8.28		1.38	.070		8.28		.10
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	13	32	\$ 4,476.30	\$	139.88	.372	\$	344.33	\$	52.05
HOSP INPATIENT TOTAL	2	2	3,494.42		1747.21	.023		1747.21		40.63
HSC HOSPITALS	1	2	813.03		406.52	.023		813.03		9.45
NON-HSC HOSPITAL TOTAL	1	4	3,457.39		864.35	.047		3457.39		40.20
ACCOMMODATIONS	1	4	1,068.20		267.05	.047		1068.20		12.42
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4	1,068.20		267.05	.047		1068.20		12.42
ANCILLARIES	1	0	2,389.19		.00	.000		2389.19		27.78
INPATIENT CROSSOVERS	0	4CR	776.00CF	₹	194.00	.047C	R	.00		9.02CR
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	11	30	981.88		32.73	.349		89.26		11.42
MEDICAL	0	0	82.43		.00	.000		.00		.96
SURGERY	0	0	15.00		.00	.000		.00		.17
PATHOLOGY	1	2	41.05		20.53	.023		41.05		.48
RADIOLOGY	0	0	108.63		.00	.000		.00		1.26
ROOM USE	0	0	130.16		.00	.000		.00		1.51
CROSSOVERS/ALL OTH OUTPTNT	10	28	604.61		21.59	.326		60.46		7.03
@COUNTY HOSPITAL TOTAL	0	0	\$ 11.57	\$.00	.000	\$.00	\$.13
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	11.57	.00	.000	.00	.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	11.57	.00	.000	.00	.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REI	PORT FOR JAN 2	002 THRU DE	C 2002	PAGE 17,099
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC ASSIS	TANCE - AGED				
					MON	THLY AVERA	GE
86 ELIGIBLES		OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
	OR DA	AYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	32 \$	•	\$ 139.52	.372 \$		
COMM HOSP INPATIENT TOTAL	2	2	3,494.42	1747.21	.023	1747.21	40.63
HSC HOSPITALS	1	2	813.03	406.52	.023	813.03	9.45
NON-HSC HOSPITALS TOTAL	1	4	3,457.39	864.35	.047	3457.39	40.20
ACCOMMODATIONS	1	4	1,068.20	267.05	.047	1068.20	12.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,068.20	267.05	.047	1068.20	12.42
ANCILLARIES	1	0	2,389.19	.00	.000	2389.19	27.78
INPATIENT CROSSOVERS	0	4CR	776.00CR		.047CR	.00	9.02CR
		^	0.0	0.0	0.00		0.0

.00

.00

.000

.00

.00

0

0

ALL OTHER INPATIENT

COMM HOSP OUTPATIENT TOTAL	11	30		970.31		32.34	.349		88.21		11.28
MEDICAL	0	0		82.43		.00	.000		.00		.96
SURGERY	0	0		15.00		.00	.000		.00		.17
PATHOLOGY	1	2		41.05		20.53	.023		41.05		.48
RADIOLOGY	0	0		108.63		.00	.000		.00		1.26
ROOM USE	0	0		130.16		.00	.000		.00		1.51
CROSSOVERS/ALL OTH OUTPTNT	10	28		593.04		21.18	.326		59.30		6.90
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	8	140	\$	30,338.05	\$	216.70	1.628	\$	3792.26	\$	352.77
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	31		15,525.81		500.83	.360		15525.81		180.53
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7	109		14,812.24		135.89	1.267		2116.03		172.24
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	6	\$	94.74	\$	15.79	.070	\$	47.37	\$	1.10
PATHOLOGY	2	6		94.74		15.79	.070		47.37		1.10
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	32	64	\$	7,903.47	\$	123.49	.744	\$	246.98	\$	91.90
CLINIC	0	0		23.50		.00	.000		.00		.27
SURGICENTER	1	1		194.31		194.31	.012		194.31		2.26
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	31	63		7,685.66		121.99	.733		247.92		89.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPOR!	r for Jan	2002 THRU	DEC	2002	PI	AGE 17,100
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC	ASSIS	STANCE - AGED							

----- MONTHLY AVERAGE -----86 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @ALL OTHER PROVIDERS 6,308 369,478.35 58.57 73.349 \$ 537.81 \$ 4296.26 DURABLE MED. EQUIP. 2 20 374.06 18.70 .233 187.03 4.35 .00 BLOOD BANK Ω 0 .00 .00 .000 .00 HEARING AID DISPENSERS 874.42 218.61 .047 291.47 10.17 99 776.43 7.84 129.41 9.03 MEDICAL TRANSPORTATION 1.151 86 668.10 1.000 AMBULANCES/AIR TRANS 7.77 167.03 7.77 11 30.65 OTHER TRANS 30.65 2.79 .128 .36 OTHER SERVICES 2 77.68 38.84 .023 77.68 .90 64.88 ACUPUNCTURE 4 16.22 .047 64.88 .75 ADULT DAY HEALTH CARE CTR 330 5,091 341,284.36 67.04 59.198 1034.20 3968.42 0 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 31 286 16,586.40 57.99 3.326 535.05 192.87 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 310 8,446.14 OPTICIAN 683 12.37 7.942 27.25 98.21 PHYSICAL THERAPIST 0 0 .00 .00 .000 .00 .00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	16	157.28	9.83	.186	39.32	1.83
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	105	914.38	8.71	1.221	76.20	10.63
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	39	710	\$ 2,510.68	\$ 3.54	8.256	\$ 64.38	\$ 29.19

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,101 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

IOLO COONII	SUMMAKI OF SEK	VICES FOR FUBLIC A	SOL	STANCE - BLIND			MC	יאותי.	UIV AUEDA	CF
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17/17	DACE COCE	UNITS/DAYS		ndi Avera COST PER	COST PER
OI EFIGIPTE2	USEKS	OR DAYS OF CARE		EXPENDITORES		UNIT/DAY	PER ELIG	. (USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	194		ċ	102,717.47		78.41	1310.000	ċ	529.47	\$102717.47
@PHYSICIANS SERVICES	194	1,310	ب د	470.86	\$ \$	94.17	5.000		117.72	\$ 470.86
OUTPATIENT VISITS	4	5	Ą	144.55	Ą	72.28	2.000	Ą	72.28	144.55
OFFICE VISITS	2	2		118.95		59.48	2.000		59.48	118.95
	2	2		.00						
HOME VISITS	0	0				.00	.000		.00	.00
EMERGENCY ROOM	0	0		6.96		.00	.000		.00	6.96
PREVENTIVE CARE	0	0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0	0		18.64		.00	.000		.00	18.64
INPATIENT VISITS	0	0		7.20		.00	.000		.00	7.20
HOSPITAL VISITS	0	0		.00		.00	.000		.00	.00
CRITICAL CARE	0	0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	Ü	U		7.20		.00	.000		.00	7.20
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	.00
EXAMINATIONS	0	0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0	U		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0		127.36		.00	.000		.00	127.36
PRINCIPAL SURGEON	0	0		127.36		.00	.000		.00	127.36
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0	0		30.61		.00	.000		.00	30.61
PRINCIPAL SURGEON	0	0		30.61		.00	.000		.00	30.61
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
DIALYSIS	0	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		41.51		.00	.000		.00	41.51
RADIOLOGY	1	2		47.50		23.75	2.000		47.50	47.50
PSYCHIATRY	0	0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		72.13		72.13	1.000		72.13	72.13
@PHARMACY	42		\$. ,	\$		100.000	\$	779.51	\$ 32739.58
PRESCRIPTION DRUGS	42	100		32,739.58		327.40	100.000		779.51	32739.58

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	42	100	32,739.58	327.40	100.000	779.51	32739.58
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	68	286 \$	10,051.68	\$ 35.15	286.000	\$ 147.82	\$ 10051.68
VISITS - DIAGNOSTIC	47	201	2,741.68	13.64	201.000	58.33	2741.68
ORAL SURGERY	7	25	1,070.00	42.80	25.000	152.86	1070.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	800.00	200.00	4.000	200.00	800.00
ENDODONTICS	2	3	850.00	283.33	3.000	425.00	850.00
RESTORATIVE DENTISTRY	14	30	2,732.00	91.07	30.000	195.14	2732.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	23	1,858.00	80.78	23.000	206.44	1858.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 17,102
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

TOLO COUNTI	SUMMARI OF SER	VICES FOR	FUDLIC	ASS.	ISTANCE - PLIND					
								THLY AVERA	GΕ	
01 ELIGIBLES	USERS	UNITS OF	-				OST UNITS/DAY	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	• • •	\$.00		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000	.00		.00
EYE APPLIANCES	0		0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000	.00		.00
SURGERY/ANES.	0		0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000	.00		.00
OTHER	0		0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4		24	\$	490.46	\$ 20.4	4 24.000	\$ 122.62	\$	490.46
HOSP INPATIENT TOTAL	2		21		378.08	18.00	21.000	189.04		378.08
HSC HOSPITALS	1		1		63.17	63.1	7 1.000	63.17		63.17
NON-HSC HOSPITAL TOTAL	0		0		477.09CR	.00	.000	.00		477.09CR
ACCOMMODATIONS	0		0		477.09CR	.00	.000	.00		477.09CR
ADMINISTRATIVE DAYS	0		0		477.09CR	.00	.000	.00		477.09CR
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	1		20		792.00	39.60	20.000	792.00		792.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	2		3		112.38	37.4	6 3.000	56.19		112.38
MEDICAL	0		0		11.28	.00	.000	.00		11.28
SURGERY	0		0		3.07	.00	.000	.00		3.07
PATHOLOGY	0		0		13.91	.00	.000	.00		13.91

RADIOLOGY	1	2	70.67	35.34	2.000	70.67	70.67
ROOM USE	0	0	7.18	.00	.000	.00	7.18
CROSSOVERS/ALL OTH OUTPINT	1	1	6.27	6.27	1.000	6.27	6.27
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 17,103
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SISTANCE - BLIND				

----- MONTHLY AVERAGE -----01 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 20.44 @COMMUNITY HOSPITAL TOTAL 4 24 490.46 24.000 \$ 122.62 \$ 490.46 21.000 COMM HOSP INPATIENT TOTAL 21 378.08 18.00 189.04 378.08 HSC HOSPITALS 1 63.17 63.17 1.000 63.17 63.17 0 .00 NON-HSC HOSPITALS TOTAL 477.09CR .00 .000 477.09CR ACCOMMODATIONS 477.09CR .00 .000 .00 477.09CR ADMINISTRATIVE DAYS 477.09CR .00 .000 .00 477.09CR .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS 792.00 39.60 792.00 792.00 20.000 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 3 112.38 37.46 3.000 56.19 112.38 MEDICAL 11.28 .00 .000 .00 11.28 SURGERY 0 3.07 .00 .000 .00 3.07 PATHOLOGY 0 13.91 .00 .000 .00 13.91 70.67 RADIOLOGY 70.67 35.34 2.000 70.67 ROOM USE 0 7.18 .00 .000 .00 7.18 6.27 6.27 1.000 6.27 6.27 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 .00 @STATE HOSPITAL \$.000 \$ \$.00 0 MENTALLY ILL .00 .00 .000 .00 .00 0 DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY .00 .00 .000 \$.00 .00 .00 .00 .00 LEV A-INTERMEDIATE .000 .00 .00 .00 .00 .00 LEV B-REHAB MD .000 0 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 .00 LEV B-REGULAR 0 .00 .00 .000 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DDA	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	
•	0	0	Ą		Ą	.00		Þ	.00	Ą	.00
HOSPITAL BASED	0	0		.00			.000				.00
HEMODIALYSIS CENTER	0	0	Ċ	.00	Ċ	.00	.000	ċ	.00	ċ	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	U	0	A	.00	<u> </u>	.00	.000	<u> </u>	.00	â	.00
@LABORATORY FACILITY	2	2	\$	16.10	\$	8.05	2.000	\$	8.05	\$	16.10
PATHOLOGY	2	2		16.10		8.05	2.000		8.05		16.10
XO AND OTHERS	U	0		.00	_	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	/	9	\$	1,725.00	\$	191.67	9.000	\$	246.43	\$	1725.00
CLINIC	U	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	9		1,725.00		191.67	9.000		246.43	_	1725.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MO	NTH-OF-PAYMENT RI	EPOR'I	r for Jan 2	2002 THRU 1	DEC	2002	Р	AGE 17,104
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSIS	TANCE - BLIND							
			_						HLY AVERA		
01 ELIGIBLES		F SERVICE		EXPENDITURES			/	5 (COST PER		COST PER
_		OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	90	884	\$	57,223.79	\$	64.73		\$	635.82	\$	57223.79
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	58	795	53,218.01	66.94	795.000	917.55	53218.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	31	3,289.96	106.13	31.000	548.33	3289.96
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	37	472.34	12.77	37.000	27.78	472.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	12	117.96	9.83	12.000	16.85	117.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	9	125.52	13.95	9.000	41.84	125.52
@CALIF. CHILDREN SERVICES*	0	0	\$ 5.18	\$.00	.000	\$.00	\$ 5.18
@XOVER EXCLUDING STATE HOSP**	5	10	\$ 917.90	\$ 91.79	10.000	\$ 183.58	\$ 917.90

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,105 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					MON	JTHIY AVERA	GE
930 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	, -	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9,992	98,162 \$	4,464,344.98	\$ 45.48	105.551 \$	446.79	
@PHYSICIANS SERVICES	403	1,159 \$	41,666.40	\$ 35.95	1.246 \$		\$ 44.80
OUTPATIENT VISITS	163	218	12,802.10	58.73	.234	78.54	13.77
OFFICE VISITS	70	92	5,688.32	61.83	.099	81.26	6.12
HOME VISITS	1	1	34.30	34.30	.001	34.30	.04
EMERGENCY ROOM	73	92	5,088.51	55.31	.099	69.71	5.47
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.001	60.48	.07
OTHER OUTPATIENT	26	32	1,930.49	60.33	.034	74.25	2.08
INPATIENT VISITS	84	182	6,363.16	34.96	.196	75.75	6.84
HOSPITAL VISITS	24	88	4,286.83	48.71	.095	178.62	4.61
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	62	94	2,076.33	22.09	.101	33.49	2.23
OPHTHALMOLOGICAL SERVICES	5	5	221.43	44.29	.005	44.29	.24
EXAMINATIONS	5	5	221.43	44.29	.005	44.29	.24
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	18	2,502.96	139.05	.019	625.74	2.69
PRINCIPAL SURGEON	3	3	1,387.11	462.37	.003	462.37	1.49
ASSISTANT SURGEON	1	1	81.07	81.07	.001	81.07	.09
ANESTHESIOLOGIST	1	14	1,034.78	73.91	.015	1034.78	1.11
OUTPATIENT SURGERY	18	36	2,642.50	73.40	.039	146.81	2.84
PRINCIPAL SURGEON	14	15	1,946.18	129.75	.016	139.01	2.09
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	21	696.32	33.16	.023	139.26	.75
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	27	50	1,074.00	21.48	.054	39.78	1.15

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	67	107		6,108.31		57.09	.115		91.17		6.57
PSYCHIATRY	1	1		23.22		23.22	.001		23.22		.02
IMMUNIZATION AND INJECTION	4	129		1,713.77		13.29	.139		428.44		1.84
OTHER SERVICES/ALL X-OVERS	134	413		8,214.95		19.89	.444		61.31		8.83
@PHARMACY	5 , 055	13,495	\$	2,116,864.53	\$	156.86	14.511	\$	418.77	\$	2276.20
PRESCRIPTION DRUGS	5,045	12,604		2,112,817.35		167.63	13.553		418.79		2271.85
SNF/ICF	414	2,108		260,731.50		123.69	2.267		629.79		280.36
OUTPATIENTS	4,675	10,496		1,852,085.85		176.46	11.286		396.17		1991.49
MEDICAL SUPPLIES	25	891		4,047.18		4.54	.958		161.89		4.35
@DENTIST	3 , 371	15,141	\$	755 , 968.82	\$	49.93	16.281	\$	224.26	\$	812.87
VISITS - DIAGNOSTIC	2,054	9,747		120,058.21		12.32	10.481		58.45		129.09
ORAL SURGERY	410	945		46,925.80		49.66	1.016		114.45		50.46
DRUGS	1	1		25.00		25.00	.001		25.00		.03
ANESTHESIA	3	3		300.00		100.00	.003		100.00		.32
PERIODONTICS	323	349		61,191.68		175.33	.375		189.45		65.80
ENDODONTICS	246	393		94,371.25		240.13	.423		383.62		101.47
RESTORATIVE DENTISTRY	982	2,538		287,737.75		113.37	2.729		293.01		309.40
PROSTHETICS	33	34		1,265.00		37.21	.037		38.33		1.36
DENTURES, STAYPLATES	403	1,099		135,162.94		122.99	1.182		335.39		145.34
SPACE MAINTAINERS	2	2		111.00		55.50	.002		55.50		.12
MAXILLOFACIAL SERVICES	4	5		4,980.19		996.04	.005		1245.05		5.36
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.001		1200.00		1.29
ORTHODONTIC SERVICES	8	11		1,290.00		117.27	.012		161.25		1.39
ALL OTHER SERVICES	10	13		1,350.00		103.85	.014		135.00		1.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITUR	RES	MONTH-OF-PAYMENT R	EPOR:	r for jan	2002 THRU	DEC	2002	Р	AGE 17,106
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

YOLO COUNTY

							Mo	TNC	HLY AVERA	GΕ	
930 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AV	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE	€		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	92	279	\$	6,006.85	\$	21.53	.300	\$	65.29	\$	6.46
DIAGNOSTIC AND ANC. PROCED	51	53		2,431.35		45.87	.057		47.67		2.61
EYE APPLIANCES	77	226		3,575.50		15.82	.243		46.44		3.84
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	21	34	\$	639.76	\$	18.82	.037	\$	30.46	\$.69
MEDICINE/INJECTIONS	11	12		370.00		30.83	.013		33.64		.40
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.002		34.60		.04
OTHER	10	20		235.16		11.76	.022		23.52		.25
@HOME HEALTH AGENCY	4	11	\$	772.71	\$	70.25	.012	\$	193.18	\$.83
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$	48.00	\$	24.00	.002	\$	24.00	\$.05
@TOTAL HOSPITAL	221	920	\$	162,620.25	\$	176.76	.989	\$	735.84	\$	174.86
HOSP INPATIENT TOTAL	48	283		142,768.29		504.48	.304		2974.34		153.51
HSC HOSPITALS	6	31		38 , 927.00		1255.71	.033		6487.83		41.86
NON-HSC HOSPITAL TOTAL	9	29		82,034.05		2828.76	.031		9114.89		88.21
ACCOMMODATIONS	9	29		38 , 297.17		1320.59	.031		4255.24		41.18
ADMINISTRATIVE DAYS	1	1		1,316.58C	3	1316.58CR	.001		1316.58C	:R	1.42CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	28		39,613.75		1414.78	.030		4951.72		42.60
ANCILLARIES	9	0		43,736.88		.00	.000		4859.65		47.03

INPATIENT CROSSOVERS	33	223		21,807.24	97.79	.240	660.83	23.45
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	177	637		19,851.96	31.16	.685	112.16	21.35
MEDICAL	25	28		2,800.00	100.00	.030	112.00	3.01
SURGERY	7	7		313.61	44.80	.008	44.80	.34
PATHOLOGY	53	193		2,365.73	12.26	.208	44.64	2.54
RADIOLOGY	31	48		4,781.14	99.61	.052	154.23	5.14
ROOM USE	94	116		4,656.06	40.14	.125	49.53	5.01
CROSSOVERS/ALL OTH OUTPTNT	98	245		4,935.42	20.14	.263	50.36	5.31
@COUNTY HOSPITAL TOTAL	3	20	\$	21,785.49	\$ 1089.27	.022	\$ 7261.83	\$ 23.43
CO HOSPITAL INPATIENT TOTAL	1	16		21,632.00	1352.00	.017	21632.00	23.26
HSC HOSPITALS	1	16		21,632.00	1352.00	.017	21632.00	23.26
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4		153.49	38.37	.004	76.75	.17
MEDICAL	1	1		34.31	34.31	.001	34.31	.04
SURGERY	1	1		62.63	62.63	.001	62.63	.07
PATHOLOGY	1	1		23.23	23.23	.001	23.23	.02
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		33.32	33.32	.001	33.32	.04
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR:	ES MONTH-C	F-PAYMENT RI	EPORT FOR JAN 2	2002 THRU I	DEC 2002	PAGE 17,107
MOP024	FEE-FOR-SERVICE/DENTA	L						01/17/03

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED YOLO COUNTY

IOLO COUNTI	SUMMARY OF SERV	VICES FOR PUBLIC A	722121	TANCE - DISABLED				
						MON	ITHLY AVERAGE	
930 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	218	900	\$	140,834.76	\$ 156.48	.968	646.03	151.44
COMM HOSP INPATIENT TOTAL	47	267		121,136.29	453.69	.287	2577.37	130.25
HSC HOSPITALS	5	15		17,295.00	1153.00	.016	3459.00	18.60
NON-HSC HOSPITALS TOTAL	9	29		82,034.05	2828.76	.031	9114.89	88.21
ACCOMMODATIONS	9	29		38,297.17	1320.59	.031	4255.24	41.18
ADMINISTRATIVE DAYS	1	1		1,316.58CR	1316.58CR	.001	1316.58CR	1.42CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	28		39,613.75	1414.78	.030	4951.72	42.60
ANCILLARIES	9	0		43,736.88	.00	.000	4859.65	47.03
INPATIENT CROSSOVERS	33	223		21,807.24	97.79	.240	660.83	23.45
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	175	633		19,698.47	31.12	.681	112.56	21.18
MEDICAL	24	27		2,765.69	102.43	.029	115.24	2.97
SURGERY	6	6		250.98	41.83	.006	41.83	.27
PATHOLOGY	52	192		2,342.50	12.20	.206	45.05	2.52
RADIOLOGY	31	48		4,781.14	99.61	.052	154.23	5.14
ROOM USE	93	115		4,622.74	40.20	.124	49.71	4.97
CROSSOVERS/ALL OTH OUTPINT	98	245		4,935.42	20.14	.263	50.36	5.31
@STATE HOSPITAL	12	347	\$	203,068.19	\$ 585.21	.373	16922.35	218.35
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	347		203,068.19	585.21	.373	16922.35	218.35
@NURSING FACILITY	59	1,198	\$	156 , 354.93	\$ 130.51		2650.08 \$	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	10	272	32,617.15		119.92	.292		3261.72		35.07
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	49	926	123,737.78		133.63	.996		2525.26		133.05
@INTERMEDIATE CARE FACILDD	1	30 \$	2,723.55	\$	90.79	.032	\$	2723.55	\$	2.93
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	1	30	2,723.55		90.79	.032		2723.55		2.93
@HEMODIALYSIS TOTAL	4	5 \$	2,959.84	\$	591.97	.005	\$	739.96	\$	3.18
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	5	2,959.84		591.97	.005		739.96		3.18
@REHABILITATION FACILITY	2	2 \$	110.86	\$	55.43	.002	\$	55.43	\$.12
HOSPITAL BASED	2	2	110.86		55.43	.002		55.43		.12
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	159	621 \$	7,881.80	\$	12.69	.668	\$	49.57	\$	8.48
PATHOLOGY	158	620	7,879.31		12.71	.667		49.87		8.47
XO AND OTHERS	1	1	2.49		2.49	.001		2.49		.00
@ORGANIZED OUTPATIENT CLINIC	119	227 \$	27,551.82	\$	121.37	.244	\$	231.53	\$	29.63
CLINIC	17	27	760.64		28.17	.029		44.74		.82
SURGICENTER	4	27	716.16		26.52	.029		179.04		.77
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	98	173	26,075.02		150.72	.186		266.07		28.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND) EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 17,108
MOP024	FEE-FOR-SERVICE/DENTA	ΔL								01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

----- MONTHLY AVERAGE -----930 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 2,222 64,691 \$ 979,106.67 \$ 15.14 69.560 \$ 440.64 \$ 1052.80 4,192.66 66.50 .00 DURABLE MED. EQUIP. 14 32 131.02 .034 299.48 4.51 .00 .000 .00 .000 8.85 1.561 12.32 .604 0 0 0 .00 BLOOD BANK .07 0 HEARING AID DISPENSERS .00 1,452 MEDICAL TRANSPORTATION 12,853.52 221.61 37 562 18 875 4 15 0 0 318 6,430 562 37 6,921.08 187.06 AMBULANCES/AIR TRANS 7.44 3,944.69 4.51 219.15 .941 4.24 OTHER TRANS 1,987.75 .00

 132.52
 .016
 496.94
 2.14

 .00
 .000
 .00
 .00

 66.97
 6.914
 1354.19
 463.05

 OTHER SERVICES ACUPUNCTURE 430,631.98 ADULT DAY HEALTH CARE CTR 1.3 GENETIC DISEASE TESTING 13 988.00 76.00 .014 76.00 1.06 74 291,563.28 31.36 9.996 9,296 3940.04 IHMC, MODEL-NF, NF, AIDS, MSSP 313.51 268.00 19.14 .015 134.00 27,516.30 11.91 2.484 26.26 127.14 21.19 .006 63.57 14 OCCUPATIONAL THERAPIST 2 .29 26.26 1,048 2,310 OPTICIAN 29.59 PHYSICAL THERAPIST 6 .14 PORTABLE X-RAY 354.67 22.17 .017 39.41 3.08 3.08 .001 3.08 3.08 .001 .00 .00 .000 312.16 34.68 .010 1,211.89 28.85 .045 3,512.70 117.09 .032 .00 .00 .000 3.08 .00 PROSTHETIST/ORTHOTISTS 1 3.08 PROSTHETICS .00 0 9 42 30 .00 .00 ORTHOTICS 62.43 PSYCHOLOGIST .34 1,211.89 302.97 1.30 SPEECH AND AUDIOLOGY 3512.70 3.78 HOSPICE SERVICES 0 .000 NONINST BIRTHING CENTERS .00 .00 14,565 641 15.661 131.68 LOCAL EDUCATION AGENCIES 84,408.22 5.80 90.76 4,110 27.58 4.419 9445.98 EPSDT SUPPLEMENTAL SERVICE 12 113,351.70 121.88 .000 0 RESPIRATORY CARE PRACT. .00 .00 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00

ALL OTHER PROVIDERS	54	26,365	7,744.87	.29	28.349	143.42	8.33
@CALIF. CHILDREN SERVICES*	31	109	\$ 9,842.38	\$ 90.30	.117 \$	317.50 \$	10.58
@XOVER EXCLUDING STATE HOSP**	202	797	\$ 52,672.32	\$ 66.09	.857 \$	260.75 \$	56.64

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,109
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

	MONTHLY AVERAGE							GE -	
3,050 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	15,469	88,077	\$	2,063,909.39	\$ 23.43	28.878	\$ 133.42	\$	676.69
@PHYSICIANS SERVICES	693	1,206	\$	51,037.03	\$ 42.32	.395	\$ 73.65	\$	16.73
OUTPATIENT VISITS	542	697		26,476.18	37.99	.229	48.85		8.68
OFFICE VISITS	407	510		18,809.83	36.88	.167	46.22		6.17
HOME VISITS	12	17		691.02	40.65	.006	57.59		.23
EMERGENCY ROOM	80	82		4,104.89	50.06	.027	51.31		1.35
PREVENTIVE CARE	2	2		101.96	50.98	.001	50.98		.03
OB VISITS/COMPRE PERI	2	12		520.24	43.35	.004	260.12		.17
OTHER OUTPATIENT	62	74		2,248.24	30.38	.024	36.26		.74
INPATIENT VISITS	9	28		3,859.13	137.83	.009	428.79		1.27
HOSPITAL VISITS	8	25		1,149.02	45.96	.008	143.63		.38
CRITICAL CARE	1	3		2,710.11	903.37	.001	2710.11		.89
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	5	5		228.74	45.75	.002	45.75		.07
EXAMINATIONS	5	5		228.74	45.75	.002	45.75		.07
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	3	14		2,710.58	193.61	.005	903.53		.89
PRINCIPAL SURGEON	2	1		1,989.31	1989.31	.000	994.66		.65
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	13		721.27	55.48	.004	721.27		.24

OUTPATIENT SURGERY	23	66		4,414.23		66.88	.022		191.92		1.45
PRINCIPAL SURGEON	20	33		3,584.82		108.63	.011		179.24		1.18
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	6	33		829.41		25.13	.011		138.24		.27
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	54	63		861.77		13.68	.021		15.96		.28
RADIOLOGY	112	157		5,581.86		35.55	.051		49.84		1.83
PSYCHIATRY	0	0		13.80		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	12		507.63		42.30	.004		63.45		.17
OTHER SERVICES/ALL X-OVERS	57	164		6,383.11		38.92	.054		111.98		2.09
@PHARMACY	1,123	4,787	\$	198,941.48	\$	41.56	1.570	\$	177.15	\$	65.23
PRESCRIPTION DRUGS	1,113	2,391		192,502.41		80.51	.784		172.96		63.12
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,113	2,391		192,502.41		80.51	.784		172.96		63.12
MEDICAL SUPPLIES	37	2,396		6,439.07		2.69	.786		174.03		2.11
@DENTIST	7,143	35,442	\$	1,293,328.36	\$	36.49	11.620	\$	181.06	\$	424.04
VISITS - DIAGNOSTIC	4,976	23,939		321,703.61		13.44	7.849		64.65		105.48
ORAL SURGERY	880	1,531		80,274.66		52.43	.502		91.22		26.32
DRUGS	76	88		1,630.00		18.52	.029		21.45		.53
ANESTHESIA	10	11		800.00		72.73	.004		80.00		.26
PERIODONTICS	257	263		46,153.00		175.49	.086		179.58		15.13
ENDODONTICS	703	1,291		232,726.80		180.27	.423		331.05		76.30
RESTORATIVE DENTISTRY	2,718	7,541		549,787.45		72.91	2.472		202.28		180.26
PROSTHETICS	41	45		1,330.00		29.56	.015		32.44		.44
DENTURES, STAYPLATES	64	319		25,022.00		78.44	.105		390.97		8.20
SPACE MAINTAINERS	81	115		10,082.00		87.67	.038		124.47		3.31
MAXILLOFACIAL SERVICES	14	16		1,402.18		87.64	.005		100.16		.46
FRACTURES, DISLOCATIONS	2	2		140.00		70.00	.001		70.00		.05
ORTHODONTIC SERVICES	202	248		21,451.66		86.50	.081		106.20		7.03
ALL OTHER SERVICES	32	33		825.00		25.00	.011		25.78		.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPOR	r for Jan	2002 THRU	DEC	2002	Ρź	AGE 17,110
MOP024	FEE-FOR-SERVICE/DE	INTAL									01/17/03
YOLO COUNTY	SUMMARY OF SERVICE	S FOR PUBLIC	ASSI	STANCE - FAMILIES							

YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

1020 000111	DOILITH OF DELIVIOUS FO)IC LODDIO	11001	JIIIIOD IIIIIDIDO							
							M	ON	THLY AVERA	GΕ	
3,050 ELIGIBLES	USERS UNITS	OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DA	AYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	99	269	\$	5,683.51	\$	21.13	.088	\$	57.41	\$	1.86
DIAGNOSTIC AND ANC. PROCED	57	57		2,648.82		46.47	.019		46.47		.87
EYE APPLIANCES	80	211		3,027.95		14.35	.069		37.85		.99
OTHER OPTOMETRIC SERVICES	1	1		6.74		6.74	.000		6.74		.00
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.000	\$	16.72	\$.01
VISITS	1	1		16.72		16.72	.000		16.72		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	48.78	\$.00	.000	\$.00	\$.02
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		48.78		.00	.000		.00		.02
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	1	\$	27.39	\$	27.39	.000	\$	27.39	\$.01
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$	54.36	\$	18.12	.001	\$	27.18	\$.02
@TOTAL HOSPITAL	346	943	\$	76,240.16	\$	80.85	.309	\$	220.35	\$	25.00
HOSP INPATIENT TOTAL	17	49		51,350.52		1047.97	.016		3020.62		16.84
HSC HOSPITALS	16	48		50,226.53		1046.39	.016		3139.16		16.47

NON-HSC HOSPITAL TOTAL	1	1		1,123.99	1123.99	.000	1123.99	.37
ACCOMMODATIONS	1	1		345.93	345.93	.000	345.93	.11
ADMINISTRATIVE DAYS	0	0		13.48	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		332.45	332.45	.000	332.45	.11
ANCILLARIES	1	0		778.06	.00	.000	778.06	.26
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	336	894		24,889.64	27.84	.293	74.08	8.16
MEDICAL	80	89		3,476.76	39.06	.029	43.46	1.14
SURGERY	18	18		1,188.03	66.00	.006	66.00	.39
PATHOLOGY	100	277		3,128.62	11.29	.091	31.29	1.03
RADIOLOGY	58	81		4,481.55	55.33	.027	77.27	1.47
ROOM USE	197	222		8,027.20	36.16	.073	40.75	2.63
CROSSOVERS/ALL OTH OUTPTNT	120	207		4,587.48	22.16	.068	38.23	1.50
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 17,111
MOP024	FEE-FOR-SERVICE	DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE - FAMILIES				
						M	ONTHLY AVERA	GE
3,050 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	T UNITS/DAY	S COST PER	COST PER

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 76,240.16 \$ 80.85 @COMMUNITY HOSPITAL TOTAL 346 943 \$.309 \$ 220.35 \$ 25.00 COMM HOSP INPATIENT TOTAL 17 1047.97 49 51,350.52 .016 3020.62 16.84 HSC HOSPITALS 16 48 50,226.53 1046.39 .016 3139.16 16.47 NON-HSC HOSPITALS TOTAL 1 1 1,123.99 1123.99 .000 1123.99 .37 ACCOMMODATIONS 345.93 345.93 .000 345.93 .11 .00 ADMINISTRATIVE DAYS 13.48 .000 .00 0 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 ALL OTHER ACCOM 1 1 332.45 332.45 .000 332.45 .11 778.06 .00 .000 778.06 .26 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS 0 .000 .00 0 0 .00 .000 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL 336 894 24,889.64 27.84 .293 74.08 8.16 .029 1.14 MEDICAL 80 89 3,476.76 39.06 43.46 SURGERY 18 18 66.00 .006 66.00 .39 1,188.03 277 PATHOLOGY 100 3,128.62 11.29 .091 31.29 1.03 RADIOLOGY 58 81 4,481.55 55.33 .027 77.27 1.47 ROOM USE 197 222 8,027.20 36.16 .073 40.75 2.63

CROSSOVERS/ALL OTH OUTPINT	120	207		4,587.48		22.16	.068		38.23		1.50
@STATE HOSPITAL	4	122	\$	86,892.56	\$	712.23	.040	\$:	21723.14	\$	28.49
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	4	122		86,892.56		712.23	.040		21723.14		28.49
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	3	\$	1,858.71	\$	619.57	.001	\$	619.57	\$.61
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	3		1,858.71		619.57	.001		619.57		.61
@REHABILITATION FACILITY	6	62	\$	949.05	\$	15.31	.020	\$	158.18	\$.31
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	6	62		949.05		15.31	.020		158.18		.31
@LABORATORY FACILITY	144	421	\$	6,088.38	\$	14.46		\$	42.28	\$	2.00
PATHOLOGY	144	421		6,088.38		14.46	.138		42.28		2.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	389	583	\$	67 , 814.83	\$.191	\$	174.33	\$	22.23
CLINIC	18	49		1,274.50		26.01	.016		70.81		.42
SURGICENTER	2	12		462.42		38.54	.004		231.21		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	370	522		66,077.91		126.59	.171		178.59		21.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MONTH-	OF-PAYMENT RE	EPORT	FOR JAN 2002	THRU	DEC	2002	PA	GE 17,112
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	PUBLI	C ASSISTANC	E - FAMILIES							
							N	IONT	HLY AVERA	GE -	

HOEDC	INTEG OF CEDUTOR	EXPENDIBLEC	ATTEDACE COCH	IINITEC / DAVC	COCH DED	COCH DED
USEKS		EAPENDITURES				COST PER
						ELIGIBLE
7 , 201	44 , 234 \$	274 , 928.07	\$ 6.22	14.503	38.18	\$ 90.14
12	66	6,634.19	100.52	.022	552.85	2.18
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
16	182	2,408.41	13.23	.060	150.53	.79
16	182	2,408.41	13.23	.060	150.53	.79
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
117	118	8,918.00	75.58	.039	76.22	2.92
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
995	2,095	19,202.96	9.17	.687	19.30	6.30
1	11	175.09	15.92	.004	175.09	.06
0	0	.00	.00	.000	.00	.00
4	12	1,868.28	155.69	.004	467.07	.61
3	11	1,792.27	162.93	.004	597.42	.59
1	1	76.01	76.01	.000	76.01	.02
5	20	1,405.46	70.27	.007	281.09	.46
1	2	99.19	49.60	.001	99.19	.03
	0 0 16 16 0 0 0 0 117 0	OR DAYS OF CARE 7,201	OR DAYS OF CARE 7,201	OR DAYS OF CARE PER UNIT/DAY 7,201 44,234 \$ 274,928.07 \$ 6.22 12 66 6,634.19 100.52 0 0 .00 .00 0 0 .00 .00 16 182 2,408.41 13.23 16 182 2,408.41 13.23 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 117 118 8,918.00 75.58 0 0 .00 .00 117 118 8,918.00 75.58 0 0 .00 .00 0 0 .00 .00 995 2,095 19,202.96 9.17 1 11 175.09 15.92 0 0 .00 .00 4 12 1,868.28 15	OR DAYS OF CARE PER UNIT/DAY PER ELIG 7,201 44,234 \$ 274,928.07 \$ 6.22 14.503 \$ 12 66 6,634.19 100.52 .022 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 16 182 2,408.41 13.23 .060 16 182 2,408.41 13.23 .060 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 117 118 8,918.00 75.58 .039 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 995 2,095 19,202.96 9.17	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 7,201 44,234 \$ 274,928.07 \$ 6.22 14.503 \$ 38.18 12 66 6,634.19 100.52 .022 552.85 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 16 182 2,408.41 13.23 .060 150.53 16 182 2,408.41 13.23 .060 150.53 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 117 118 8,918.00 75.58 .039 76.22 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 </td

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6 , 097	29,214	230,966.18	7.91	9.578	37.88	75.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	12,514	3,250.31	.26	4.103	162.52	1.07
@CALIF. CHILDREN SERVICES*	61	371	\$ 56,260.85	\$ 151.65	.122	\$ 922.31	\$ 18.45
@XOVER EXCLUDING STATE HOSP**	5	7	\$ 2,875.11	\$ 410.73	.002	\$ 575.02	\$.94

0 * TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,113
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE.

YOLO COUNTY	SUMMARY OF SER	VICES FOR PUBLIC AS	SSIS	TANCE				
						MON		
4,067 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	27,337	198,998 \$		7,284,219.64	\$ 36.60	48.930		1791.05
@PHYSICIANS SERVICES	1,133	2 , 571 \$	5	. ,	\$ 37.83	.632 \$		\$ 23.91
OUTPATIENT VISITS	712	922		39,932.49	43.31	.227	56.08	9.82
OFFICE VISITS	482	607		25,033.27	41.24	.149	51.94	6.16
HOME VISITS	13	18		725.32	40.30	.004	55.79	.18
EMERGENCY ROOM	155	176		9,272.36	52.68	.043	59.82	2.28
PREVENTIVE CARE	2	2		101.96	50.98	.000	50.98	.03
OB VISITS/COMPRE PERI	3	13		580.72	44.67	.003	193.57	.14
OTHER OUTPATIENT	88	106		4,218.86	39.80	.026	47.94	1.04
INPATIENT VISITS	100	226		10,830.59	47.92	.056	108.31	2.66
HOSPITAL VISITS	36	124		5 , 886.95	47.48	.030	163.53	1.45
CRITICAL CARE	1	3		2,710.11	903.37	.001	2710.11	.67
SNF/ICF/TRANS IP CARE	66	99		2,233.53	22.56	.024	33.84	.55
OPHTHALMOLOGICAL SERVICES	10	10		452.98	45.30	.002	45.30	.11
EXAMINATIONS	10	10		452.98	45.30	.002	45.30	.11
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	34		5,467.67	160.81	.008	683.46	1.34
PRINCIPAL SURGEON	6	5		3,547.53	709.51	.001	591.26	.87
ASSISTANT SURGEON	2	2		164.09	82.05	.000	82.05	.04
ANESTHESIOLOGIST	2	27		1,756.05	65.04	.007	878.03	.43
OUTPATIENT SURGERY	42	103		7,380.70	71.66	.025	175.73	1.81
PRINCIPAL SURGEON	35	4 9		5 , 854.97	119.49	.012	167.28	1.44
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	54		1,525.73	28.25	.013	138.70	.38
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	85	144		2,117.06	14.70	.035	24.91	.52
RADIOLOGY	186	281		12,084.62	43.01	.069	64.97	2.97
PSYCHIATRY	1	1		37.02	37.02	.000	37.02	.01
IMMUNIZATION AND INJECTION	12	141		2,221.40	15.75	.035	185.12	.55
OTHER SERVICES/ALL X-OVERS	212	709		16,735.30	23.60	.174	78.94	4.11
@PHARMACY	6 , 437	19,780 \$	3	2,387,245.63	\$ 120.69	4.864	370.86	\$ 586.98
PRESCRIPTION DRUGS	6,414	15,498		2,375,970.71	153.31	3.811	370.44	584.21
SNF/ICF	440	2,160		267,031.01	123.63	.531	606.89	65.66
OUTPATIENTS	6,020	13,338		2,108,939.70	158.12	3.280	350.32	518.55
MEDICAL SUPPLIES	69	4,282		11,274.92	2.63	1.053	163.40	2.77
@DENTIST	11,377	54,121 \$	3	2,256,552.55	\$ 41.69	13.307 \$	198.34	\$ 554.84
VISITS - DIAGNOSTIC	7,525	35,656		467,782.21	13.12	8.767	62.16	115.02
ORAL SURGERY	1,416	2,854		144,197.21	50.52	.702	101.83	35.46

DRUGS	77	89		1,655.00		18.60	.022		21.49		.41
ANESTHESIA	13	14		1,100.00		78.57	.003		84.62		.27
PERIODONTICS	648	680		119,614.68	1	75.90	.167		184.59		29.41
ENDODONTICS	1,002	1,791		352,203.05	1	96.65	.440		351.50		86.60
RESTORATIVE DENTISTRY	3,893	10,576		900,578.95		85.15	2.600		231.33		221.44
PROSTHETICS	87	95		3,045.00		32.05	.023		35.00		.75
DENTURES, STAYPLATES	671	1,911		222,669.42	1	16.52	.470		331.85		54.75
SPACE MAINTAINERS	83	117		10,193.00		87.12	.029		122.81		2.51
MAXILLOFACIAL SERVICES	21	29		7,257.37	2	250.25	.007		345.59		1.78
FRACTURES, DISLOCATIONS	3	3		1,340.00	4	146.67	.001		446.67		.33
ORTHODONTIC SERVICES	210	259		22,741.66		87.81	.064		108.29		5.59
ALL OTHER SERVICES	43	47		2,175.00		46.28	.012		50.58		.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES 1	MONTH-OF-PAYMENT RE	EPORT E	OR JAN	2002 THRU	DEC	2002	P.	AGE 17,114
MOP024	FEE-FOR-SERVICE	L/DENTAL									01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS:	ISTANCE							
							M	CNC	HLY AVERA	GE -	
4,067 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
		OR DAYS OF CARE			PER (JNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	209	590	\$	12,649.70	\$	21.44	.145	\$	60.52	\$	3.11
DIAGNOSTIC AND ANC. PROCED	114	116		5,353.01		46.15	.029		46.96		1.32
EYE APPLIANCES	171	469		7,179.03		15.31	.115		41.98		1.77
OTHER OPTOMETRIC SERVICES	3	5		117.66		23.53	.001		39.22		.03
@CHIROPRACTOR	1	1	\$	16.72		16.72		\$		\$.00
VISITS	1	1		16.72		16.72	.000		16.72		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	22	40	\$	696.82	\$	17.42	.010	\$	31.67	\$.17
MEDICINE/INJECTIONS	11	12		370.00		30.83	.003		33.64		.09
SURGERY/ANES.	0	0		48.78		.00	.000		.00		.01
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.01
OTHER	11	26		243.44		9.36	.006		22.13		.06
@HOME HEALTH AGENCY	5	12	\$	800.10	\$	66.68	.003	\$	160.02		.20
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	5	\$	102.36	\$	20.47	.001		\$.03
@TOTAL HOSPITAL	584	1,919	\$	243,827.17	\$	127.06	.472	\$ 417.51	\$	59.95
HOSP INPATIENT TOTAL	69	355		197,991.31		557.72	.087	2869.44		48.68
HSC HOSPITALS	24	82		90,029.73		1097.92	.020	3751.24		22.14
NON-HSC HOSPITAL TOTAL	11	34		86,138.34		2533.48	.008	7830.76		21.18
ACCOMMODATIONS	11	34		39,234.21		1153.95	.008	3566.75		9.65
ADMINISTRATIVE DAYS	1	1		1,780.19C	R	1780.19CR	.000	1780.19C	3	.44CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	10	33		41,014.40		1242.86	.008	4101.44		10.08
ANCILLARIES	11	0		46,904.13		.00	.000	4264.01		11.53
INPATIENT CROSSOVERS	34	239		21,823.24		91.31	.059	641.86		5.37
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	526	1,564		45,835.86		29.31	.385	87.14		11.27
MEDICAL	105	117		6,370.47		54.45	.029	60.67		1.57
SURGERY	25	25		1,519.71		60.79	.006	60.79		.37
PATHOLOGY	154	472		5,549.31		11.76	.116	36.03		1.36
RADIOLOGY	90	131		9,441.99		72.08	.032	104.91		2.32
ROOM USE	291	338		12,820.60		37.93	.083	44.06		3.15
CROSSOVERS/ALL OTH OUTPINT	229	481		10,133.78		21.07	.118	44.25		2.49
@COUNTY HOSPITAL TOTAL	3	20	\$	21,797.06	\$	1089.85	.005	\$ 7265.69	\$	5.36
CO HOSPITAL INPATIENT TOTAL	1	16		21,632.00		1352.00	.004	21632.00		5.32
HSC HOSPITALS	1	16		21,632.00		1352.00	.004	21632.00		5.32
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		165.06		41.27	.001	82.53		.04
MEDICAL	1	1		34.31		34.31	.000	34.31		.01
SURGERY	1	1		62.63		62.63	.000	62.63		.02
PATHOLOGY	1	1		23.23		23.23	.000	23.23		.01
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	1	1		33.32		33.32	.000	33.32		.01
CROSSOVERS/ALL OTH OUTPINT	0	0		11.57		.00	.000	.00		.00
	MEDI-CAL SERVICES AND		URES 1	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC 2002	PI	AGE 17,115
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

						MON	THLY AVERAG	E
4,067 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	581	1,899	\$	222,030.11	\$ 116.92	.467 \$	382.15	\$ 54.59
COMM HOSP INPATIENT TOTAL	68	339		176,359.31	520.23	.083	2593.52	43.36
HSC HOSPITALS	23	66		68,397.73	1036.33	.016	2973.81	16.82
NON-HSC HOSPITALS TOTAL	11	34		86,138.34	2533.48	.008	7830.76	21.18
ACCOMMODATIONS	11	34		39,234.21	1153.95	.008	3566.75	9.65
ADMINISTRATIVE DAYS	1	1		1,780.19CR	1780.19CR	.000	1780.19CR	.44CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	33		41,014.40	1242.86	.008	4101.44	10.08
ANCILLARIES	11	0		46,904.13	.00	.000	4264.01	11.53
INPATIENT CROSSOVERS	34	239		21,823.24	91.31	.059	641.86	5.37
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	524	1,560		45,670.80		29.28	.384		87.16		11.23
MEDICAL	104	116		6,336.16		54.62	.029		60.92		1.56
SURGERY	24	24		1,457.08		60.71	.006		60.71		.36
PATHOLOGY	153	471		5,526.08		11.73	.116		36.12		1.36
RADIOLOGY	90	131		9,441.99		72.08	.032		104.91		2.32
ROOM USE	290	337		12,787.28		37.94	.083		44.09		3.14
CROSSOVERS/ALL OTH OUTPINT	229	481		10,122.21		21.04	.118		44.20		2.49
@STATE HOSPITAL	16	469	\$	289,960.75	\$	618.25	.115	\$	18122.55	\$	71.30
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	16	469		289,960.75		618.25	.115		18122.55		71.30
@NURSING FACILITY	67	1,338	\$	186,692.98	\$	139.53	.329	\$	2786.46	\$	45.90
LEV A-INTERMEDIATE	0	, 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	10	272		32,617.15		119.92	.067		3261.72		8.02
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	31		15,525.81		500.83	.008		15525.81		3.82
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	56	1,035		138,550.02		133.86	.254		2474.11		34.07
@INTERMEDIATE CARE FACILDD	1	30	\$	2,723.55	\$	90.79	.007	\$	2723.55	\$.67
ICF DDH	0	0	·	.00	·	.00	.000	Ċ	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	1	30		2,723.55		90.79	.007		2723.55		.67
@HEMODIALYSIS TOTAL	7	8	\$	4,818.55	\$	602.32	.002	\$	688.36	\$	1.18
HOSPITAL BASED	0	0	·	.00	·	.00	.000	Ċ	.00		.00
HEMODIALYSIS CENTER	7	8		4,818.55		602.32	.002		688.36		1.18
@REHABILITATION FACILITY	8	64	\$	1,059.91	\$.016	Ś	132.49	Ś	.26
HOSPITAL BASED	2	2	'	110.86	'	55.43	.000		55.43		.03
INDEPENDENT FACILITY	6	62		949.05		15.31	.015		158.18		.23
@LABORATORY FACILITY	307	1,050	\$	14,081.02	\$	13.41	.258	Ś	45.87	Ś	3.46
PATHOLOGY	306	1,049	'	14,078.53	'	13.42	.258		46.01		3.46
XO AND OTHERS	1	1		2.49		2.49	.000		2.49		.00
@ORGANIZED OUTPATIENT CLINIC	547	883	\$	104,995.12	\$.217	Ś	191.95	Ś	25.82
CLINIC	35	76	'	2,058.64	'	27.09	.019		58.82		.51
SURGICENTER	7	40		1,372.89		34.32	.010		196.13		.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	506	767		101,563.59		132.42	.189		200.72		24.97
#CALIF DEPT OF HEALTH SERV			IRES M	ONTH-OF-PAYMENT R	EPOR			DEC		P.	AGE 17,116
MOP024	FEE-FOR-SERVICE		11	01 1111111111 10					_ 0 0 _		01/17/03
YOLO COUNTY		VICES FOR PUBLIC	CASST	STANCE							-1, 1, , , ,
	TILLINI OF OHIO						M	ОИТ	HLY AVERA	GE -	
4,067 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST					COST PER
•	_										

4,067 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10,200	116,117 \$	1,680,736.88	\$ 14.47	28.551	164.78	\$ 413.26
DURABLE MED. EQUIP.	28	118	11,200.91	94.92	.029	400.03	2.75
BLOOD BANK	0	0	66.50	.00	.000	.00	.02
HEARING AID DISPENSERS	3	4	874.42	218.61	.001	291.47	.22
MEDICAL TRANSPORTATION	80	1,733	16,038.36	9.25	.426	200.48	3.94
AMBULANCES/AIR TRANS	57	830	9,997.59	12.05	.204	175.40	2.46
OTHER TRANS	19	886	3 , 975.34	4.49	.218	209.23	.98
OTHER SERVICES	5	17	2,065.43	121.50	.004	413.09	.51
ACUPUNCTURE	1	4	64.88	16.22	.001	64.88	.02
ADULT DAY HEALTH CARE CTR	706	12,316	825,134.35	67.00	3.028	1168.75	202.89
GENETIC DISEASE TESTING	130	131	9,906.00	75.62	.032	76.20	2.44
IHMC, MODEL-NF, NF, AIDS, MSSP	111	9,613	311,439.64	32.40	2.364	2805.76	76.58
OCCUPATIONAL THERAPIST	2	14	268.00	19.14	.003	134.00	.07
OPTICIAN	2,370	5 , 125	55 , 637.74	10.86	1.260	23.48	13.68
PHYSICAL THERAPIST	3	17	302.23	17.78	.004	100.74	.07

PORTABLE X-RAY	9	16	354.67	22.17	.004	39.41	.09
PROSTHETIST/ORTHOTISTS	5	13	1,871.36	143.95	.003	374.27	.46
PROSTHETICS	4	12	1,795.35	149.61	.003	448.84	.44
ORTHOTICS	1	1	76.01	76.01	.000	76.01	.02
PSYCHOLOGIST	10	29	1,717.62	59.23	.007	171.76	.42
SPEECH AND AUDIOLOGY	5	44	1,311.08	29.80	.011	262.22	.32
HOSPICE SERVICES	1	30	3,512.70	117.09	.007	3512.70	.86
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6 , 749	43,807	315,649.64	7.21	10.771	46.77	77.61
EPSDT SUPPLEMENTAL SERVICE	12	4,110	113,351.70	27.58	1.011	9445.98	27.87
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	89	38 , 993	12,035.08	.31	9.588	135.23	2.96
@CALIF. CHILDREN SERVICES*	92	480	\$ 66,108.41	\$ 137.73	.118	\$ 718.57	\$ 16.25
@XOVER EXCLUDING STATE HOSP**	251	1,524	\$ 58 , 976.01	\$ 38.70	.375	\$ 234.96	\$ 14.50

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,117 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY	SUMMARY OF SERV	VICES FOR MN - NO	SOC	- AGED	AID C	ODE 14 1H	1U				
							MC	NTE	HLY AVERA	GE	
54 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5 (COST PER		COST PER
		OR DAYS OF CARE			PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	529	2,264	\$	252,242.75	\$	111.41	41.926	\$	476.83	\$	4671.16
@PHYSICIANS SERVICES	5	8	\$	473.24	\$	59.16	.148	\$	94.65	\$	8.76
OUTPATIENT VISITS	3	4		218.62		54.66	.074		72.87		4.05
OFFICE VISITS	1	1		61.78		61.78	.019		61.78		1.14
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2	3		156.84		52.28	.056		78.42		2.90
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		6.05		.00	.000		.00		.11
HOSPITAL VISITS	0	0		4.47		.00	.000		.00		.08
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		1.58		.00	.000		.00		.03
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		83.77		.00	.000		.00		1.55
PRINCIPAL SURGEON	0	0		83.77		.00	.000		.00		1.55
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		59.16		59.16	.019		59.16		1.10
PRINCIPAL SURGEON	1	1		59.16		59.16	.019		59.16		1.10
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		29.93		29.93	.019		29.93		.55
RADIOLOGY	0	0		9.71		.00	.000		.00		.18
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		66.00		33.00	.037		33.00		1.22
@PHARMACY	65	98	\$	11,251.06	\$	114.81	1.815	\$	173.09	\$	208.35
PRESCRIPTION DRUGS	65	98		11,251.06		114.81	1.815		173.09		208.35

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	6	7		816.38		116.63	.130		136.06		15.12
OUTPATIENTS	59	91		10,434.68		114.67	1.685		176.86		193.23
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	336	1,453	\$	82,308.75	\$	56.65	26.907	Ś		Ś	1524.24
VISITS - DIAGNOSTIC	185	811		10,273.00		12.67	15.019		55.53		190.24
ORAL SURGERY	60	240		10,868.00		45.28	4.444		181.13		201.26
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	36	37		6,300.00		170.27	.685		175.00		116.67
ENDODONTICS	21	31		7,155.00		230.81	.574		340.71		132.50
RESTORATIVE DENTISTRY	86	209		21,876.00		104.67	3.870		254.37		405.11
PROSTHETICS	3	6		250.00		41.67	.111		83.33		4.63
DENTURES, STAYPLATES	49	116		25,586.75		220.58	2.148		522.18		473.83
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	3		.00		.00	.056		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MONTH-	OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 17,118
MOP024	FEE-FOR-SERVICE										01/17/03
YOLO COUNTY	SUMMARY OF SERV	TOTO TOD MNI - NO	$C \cap C = X \cap C$	מם:	VID C	ODE 14 1H	1 TT				
1010 0001111	SOMMAN OF SERV	ICES FOR MIN - NO	SOC - AG	rii D	AID C	ODE 14 III					
							M			-	
54 ELIGIBLES	USERS	UNITS OF SERVICE		XPENDITURES	AVE	RAGE COST	M UNITS/DAY	S	COST PER		COST PER
54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	E	XPENDITURES	AVE PEF	ERAGE COST R UNIT/DAY	M UNITS/DAY PER ELIG	S	COST PER USER		ELIGIBLE
54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE 23		EXPENDITURES 535.39	AVE	ERAGE COST R UNIT/DAY 23.28	M UNITS/DAY PER ELIG .426	S	COST PER USER 76.48		ELIGIBLE 9.91
54 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	USERS 7 5	UNITS OF SERVICE OR DAYS OF CARE 23 5	E	535.39 237.25	AVE PEF	ERAGE COST R UNIT/DAY 23.28 47.45	UNITS/DAY PER ELIG .426 .093	S	COST PER USER 76.48 47.45		ELIGIBLE 9.91 4.39
54 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	USERS 7 5 6	UNITS OF SERVICE OR DAYS OF CARE 23 5 18	E	535.39 237.25 298.14	AVE PEF	CRAGE COST R UNIT/DAY 23.28 47.45 16.56	M UNITS/DAY PER ELIG .426 .093 .333	S	COST PER USER 76.48 47.45 49.69		ELIGIBLE 9.91 4.39 5.52
54 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 7 5 6 0	UNITS OF SERVICE OR DAYS OF CARE 23 5 18 0	E \$	535.39 237.25 298.14 .00	AVE PEF \$	CRAGE COST R UNIT/DAY 23.28 47.45 16.56	M UNITS/DAY PER ELIG .426 .093 .333 .000	\$	USER 76.48 47.45 49.69	\$	ELIGIBLE 9.91 4.39 5.52 .00
54 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	USERS 7 5 6 0	UNITS OF SERVICE OR DAYS OF CARE 23 5 18 0	E	535.39 237.25 298.14 .00	AVE PEF	CRAGE COST R UNIT/DAY 23.28 47.45 16.56 .00	M UNITS/DAY PER ELIG .426 .093 .333 .000	\$	USER 76.48 47.45 49.69 .00	\$	ELIGIBLE 9.91 4.39 5.52 .00
54 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	USERS 7 5 6 0 0	UNITS OF SERVICE OR DAYS OF CARE 23 5 18 0 0 0	E \$	535.39 237.25 298.14 .00 .00	AVE PEF \$	CRAGE COST R UNIT/DAY 23.28 47.45 16.56 .00 .00	M UNITS/DAY PER ELIG .426 .093 .333 .000 .000	\$	USER 76.48 47.45 49.69 .00 .00	\$	9.91 4.39 5.52 .00 .00
54 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	USERS 7 5 6 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 23 5 18 0 0 0 0	\$ \$	535.39 237.25 298.14 .00 .00	AVE PEF \$	CRAGE COST R UNIT/DAY 23.28 47.45 16.56 .00 .00	M UNITS/DAY PER ELIG .426 .093 .333 .000 .000 .000	\$ \$	USER 76.48 47.45 49.69 .00 .00	\$	ELIGIBLE 9.91 4.39 5.52 .00 .00 .00
54 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	USERS 7 5 6 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 23 5 18 0 0 0 0 0	E \$	535.39 237.25 298.14 .00 .00 .00	AVE PEF \$	CRAGE COST R UNIT/DAY 23.28 47.45 16.56 .00 .00 .00	M UNITS/DAY PER ELIG .426 .093 .333 .000 .000 .000 .000	\$ \$	USER 76.48 47.45 49.69 .00 .00 .00	\$	9.91 4.39 5.52 .00 .00 .00
54 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	USERS 7 5 6 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 23 5 18 0 0 0 0 0 0	\$ \$	535.39 237.25 298.14 .00 .00 .00	AVE PEF \$	CRAGE COST R UNIT/DAY 23.28 47.45 16.56 .00 .00 .00	M UNITS/DAY PER ELIG .426 .093 .333 .000 .000 .000 .000 .000	\$ \$	USER 76.48 47.45 49.69 .00 .00 .00	\$	9.91 4.39 5.52 .00 .00 .00 .00
54 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	USERS 7 5 6 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 23 5 18 0 0 0 0 0	\$ \$	535.39 237.25 298.14 .00 .00 .00 .00	AVE PEF \$	CRAGE COST R UNIT/DAY 23.28 47.45 16.56 .00 .00 .00 .00	M UNITS/DAY PER ELIG .426 .093 .333 .000 .000 .000 .000 .000 .000	\$ \$	USER 76.48 47.45 49.69 .00 .00 .00 .00	\$	9.91 4.39 5.52 .00 .00 .00 .00
54 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	USERS 7 5 6 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 23 5 18 0 0 0 0 0 0 0 0	\$ \$	535.39 237.25 298.14 .00 .00 .00 .00	AVE PEF \$	CRAGE COST R UNIT/DAY 23.28 47.45 16.56 .00 .00 .00 .00	M UNITS/DAY PER ELIG	\$ \$	USER 76.48 47.45 49.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$	9.91 4.39 5.52 .00 .00 .00 .00 .00
54 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	USERS 7 5 6 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 23 5 18 0 0 0 0 0 0 0 0 0 0 0 0	\$ \$	535.39 237.25 298.14 .00 .00 .00 .00	AVE PEF \$	CRAGE COST R UNIT/DAY 23.28 47.45 16.56 .00 .00 .00 .00	M UNITS/DAY PER ELIG .426 .093 .333 .000 .000 .000 .000 .000 .000	\$ \$	USER 76.48 47.45 49.69 .00 .00 .00 .00	\$	9.91 4.39 5.52 .00 .00 .00 .00
54 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	USERS 7 5 6 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 23 5 18 0 0 0 0 0 0 0 0 0	\$ \$	535.39 237.25 298.14 .00 .00 .00 .00 .00 .00	AVE PEF \$	ERAGE COST 2 UNIT/DAY 23.28 47.45 16.56 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .426 .093 .333 .000 .000 .000 .000 .000 .000	S S S S	USER 76.48 47.45 49.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$\frac{1}{2}\$\$ \$\frac{1}{2}\$	9.91 4.39 5.52 .00 .00 .00 .00 .00 .00 .00
54 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	USERS 7 5 6 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 23 5 18 0 0 0 0 0 0 0 0 0 0 0 0	\$ \$	535.39 237.25 298.14 .00 .00 .00 .00 .00	AVE PEF \$ \$	ERAGE COST 2 UNIT/DAY 23.28 47.45 16.56 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .426 .093 .333 .000 .000 .000 .000 .000 .000		USER 76.48 47.45 49.69 .00 .00 .00 .00 .00 .00 .00 .00 .00		9.91 4.39 5.52 .00 .00 .00 .00 .00 .00
60PTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES 6CHIROPRACTOR VISITS OTHER SERVICES 6PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER 6HOME HEALTH AGENCY NURSE ANESTHESIST	USERS 7 5 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 23 5 18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E \$ \$ \$ \$ \$	535.39 237.25 298.14 .00 .00 .00 .00 .00 .00	AVE PEF \$ \$ \$	CRAGE COST R UNIT/DAY 23.28 47.45 16.56 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .426 .093 .333 .000 .000 .000 .000 .000 .000		USER 76.48 47.45 49.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	9.91 4.39 5.52 .00 .00 .00 .00 .00 .00 .00
60PTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES 6CHIROPRACTOR VISITS OTHER SERVICES 6PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER 6HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	USERS 7 5 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 23 5 18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E \$ \$ \$ \$ \$	535.39 237.25 298.14 .00 .00 .00 .00 .00 .00 .00	AVE PEF \$	ERAGE COST R UNIT/DAY 23.28 47.45 16.56 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .426 .093 .333 .000 .000 .000 .000 .000 .000		COST PER USER 76.48 47.45 49.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0		ELIGIBLE 9.91 4.39 5.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
60PTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES 6CHIROPRACTOR VISITS OTHER SERVICES 6PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER 6HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	USERS 7 5 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 23 5 18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E \$ \$ \$ \$ \$	535.39 237.25 298.14 .00 .00 .00 .00 .00 .00 .00 .00	AVE PEF \$	CRAGE COST R UNIT/DAY 23.28 47.45 16.56 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .426 .093 .333 .000 .000 .000 .000 .000 .000		COST PER USER 76.48 47.45 49.69 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0		ELIGIBLE 9.91 4.39 5.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

0

0

0

0

0

0

1

0

0

0

0

0

3

0

HSC HOSPITALS

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

ACCOMMODATIONS

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

NON-HSC HOSPITAL TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

.00

.00

.00

.00

.00

.00

.00

.00

.00

220.79

61.72

19.24

21.22

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

44.16

19.24

.000

.000

.000

.000

.000

.000

.000

.000

.000

.093

.000

.019

.000

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

73.60

19.24

.00

.00

.00

.00

.00

.00

.00

.00

.00

4.09

1.14

.36

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	89.90	44.95	.037	44.95	1.66
CROSSOVERS/ALL OTH OUTPINT	2	2	28.71	14.36	.037	14.36	.53
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 17,119
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FO	R MN - NO SOC -	AGED A	AID CODE 14 1H	1U		
					MON7		
54 ELIGIBLES		OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OR DA	YS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	5 \$	220.79	\$ 44.16	.093 \$	73.60	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0							.00		
ALL OTHER ACCOM	•	0		.00		.00	.000				.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	5		220.79		44.16	.093		73.60		4.09
MEDICAL	0	0		61.72		.00	.000		.00		1.14
SURGERY	1	1		19.24		19.24	.019		19.24		.36
PATHOLOGY	0	0		21.22		.00	.000		.00		.39
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		89.90		44.95	.037		44.95		1.66
CROSSOVERS/ALL OTH OUTPTNT	2			28.71		14.36			14.36		.53
· · · · · · · · · · · · · · ·	2	2	<u> </u>		~		.037	<u> </u>		<u>^</u>	
@STATE HOSPITAL	6	265	\$	140,477.65	\$	530.10	4.907		23412.94	Ş	2601.44
MENTALLY ILL	6	265		140,477.65		530.10	4.907		23412.94		2601.44
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
	0		Ċ		Ċ			Ċ		Ċ	
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00	.000	\$.00	Þ	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	5	\$	63.91	\$	12.78	.093	Ċ	63.91	Ċ	1.18
-	1	5	Ą	63.91	Ą	12.78	.093	ې	63.91	۲	1.18
PATHOLOGY	0										
XO AND OTHERS	· ·	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	16	\$	1,964.58	Ş	122.79	.296	\$	178.60	Ş	36.38
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	16		1,964.58		122.79	.296		178.60		36.38
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MC	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 17,120
MOP024	FEE-FOR-SERVICE/										01/17/03
YOLO COUNTY		CES FOR MN - NO	SOC	- AGED	ATD C	ODE 14 1H	111				
1020 000111		020 1011 1111 110	200	11025		.022 21 211	M	ТИОІ	HLY AVERA	GE.	
54 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z/7F	RAGE COST					COST PER
31 111011110	OBLIG			EM ENDITORES		R UNIT/DAY					ELIGIBLE
ANTI OMILED DEOLITEER	120	OR DAYS OF CARE	ċ	14 047 20		38.23	PER ELIG 7.241		USER		276.80
@ALL OTHER PROVIDERS	120		\$	14,947.38	\$			Ą	124.56	Ą	
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		38.00		.00	.000		.00		.70
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
A CUDUNCEUDE	0	0		0.0		0.0	000		0.0		0.0

ACUPUNCTURE

.00

.00

.000

.00

ADULT DAY HEALTH CARE CTR	7	146	9,842.57	67.41	2.704	1406.08	182.27
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	4	11	1,211.23	110.11	.204	302.81	22.43
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	104	220	2,788.70	12.68	4.074	26.81	51.64
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	14	1,066.88	76.21	.259	213.38	19.76
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6	15	\$ 1,083.74	\$ 72.25	.278	\$ 180.62	\$ 20.07

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,121 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

MONIBULLY ALIEDACE

					MON	ITHLY AVERA	.GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	11	37	\$ 842.91	\$ 22.78	.000 \$	76.63	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	.00		.00 .000		00	.00
PSYCHIATRY	0	0	.00		.00		00	.00
IMMUNIZATION AND INJECTION	0	0	.00		.00		00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00		00	.00
@PHARMACY	0	0 \$.00	\$.00) \$.	00 \$.00
PRESCRIPTION DRUGS	0	0	.00		.00		00	.00
SNF/ICF	0	0	.00		.00		00	.00
OUTPATIENTS	0	0	.00		.00		00	.00
MEDICAL SUPPLIES	0	0	.00		.00		00	.00
@DENTIST	8	26 \$	688.00	\$ 26	5.46 .000	\$ 86.	00 \$.00
VISITS - DIAGNOSTIC	7	23	288.00	12	2.52 .000	41.	14	.00
ORAL SURGERY	0	0	.00		.00		00	.00
DRUGS	0	0	.00		.00		00	.00
ANESTHESIA	0	0	.00		.00		00	.00
PERIODONTICS	2	3	400.00	133	3.33 .000	200.	00	.00
ENDODONTICS	0	0	.00		.00		00	.00
RESTORATIVE DENTISTRY	0	0	.00		.00		00	.00
PROSTHETICS	0	0	.00		.00		00	.00
DENTURES, STAYPLATES	0	0	.00		.00		00	.00
SPACE MAINTAINERS	0	0	.00		.00		00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.00		00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.00		00	.00
ORTHODONTIC SERVICES	0	0	.00		.00		00	.00
ALL OTHER SERVICES	0	0	.00		.00		00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR	R JAN 2002 THRU	J DEC 2002		PAGE 17,122

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24 ----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OO FITCIBIES

FEE-FOR-SERVICE/DENTAL

01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	1	3	\$ 27.75	\$	9.25	.000	\$	27.75	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	1	3	27.75		9.25	.000		27.75	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0 4	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00			
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	O	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DEC	2002	PAGE 17,123
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SOC	- BLIND	AID CODE	24		
					MONT	HLY AVERAGI	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
CICODOCVERO/ALL OIL COLFINI	U	0 6		.00	.000		

0

0

0

.00

.00

.00

.00

.00

\$

.00

.00

.00

.00

.00

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00

.00 \$

.00 \$

.00

.00

.00

.00

.00

@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

0

0

0

LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M	IONTH-OF-PA	AYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 17,124
MOP024	FEE-FOR-SERVICE/DENTA											01/17/03
YOLO COUNTY	SUMMARY OF SERVICES F	OR MN - N	o soc	: - BLIND			AID CODE					
										HLY AVERA	-	
00 ELIGIBLES		OF SERVIC		EXPENI	DITURES			UNITS/DAY		COST PER		COST PER
	OR D.	AYS OF CAR	E			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2	8	\$		127.16	\$	15.90	.000	\$	63.58	\$.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00

0

.00

.00

.000

.00

.00

0

BLOOD BANK

HEARING AID DISPENSERS	0	0			.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0			.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0			.00	.00	.000	.00	.00
OTHER TRANS	0	0			.00	.00	.000	.00	.00
OTHER SERVICES	0	0			.00	.00	.000	.00	.00
ACUPUNCTURE	0	0			.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0			.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00	.00
OPTICIAN	2	8			127.16	15.90	.000	63.58	.00
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0			.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0			.00	.00	.000	.00	.00
PROSTHETICS	0	0			.00	.00	.000	.00	.00
ORTHOTICS	0	0			.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0			.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0			.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0			.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0			.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0			.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARATE	INFORMATION	ITEM ON	LY;					
MILE AMOUNDS ADE ALDEADY INSTITU	ED IN HIE YDDDAD		TIMEC	A DOLLE					

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 #CALIF DEPT OF HEALTH SERV PAGE 17,125 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER COST PER 58 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 958 9,855 39.47 169.914 \$ 406.00 \$ 6706.05 @TOTAL, ALL PROVIDERS 388,951.11 \$ 23 @PHYSICIANS SERVICES 107 \$ 3,841.94 \$ 35.91 1.845 \$ 167.04 \$ OUTPATIENT VISITS 7 11 479.20 43.56 .190 68.46 8.26 3 OFFICE VISITS 2 183.30 61.10 .052 91.65 3.16 HOME VISITS 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 196.26 65.42 .052 65.42 3.38 .00 .00 .000 .00 .00 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 99.64 19.93 .086 OTHER OUTPATIENT 24.91 .276 16 936.15 58.51 234.04 INPATIENT VISITS 16.14 12 HOSPITAL VISITS 449.75 37.48 .207 149.92 7.75 121.60 243.20 CRITICAL CARE 486.40 .069 8.39 SNF/ICF/TRANS IP CARE 0 .00 .00 .00 .00 .000 OPHTHALMOLOGICAL SERVICES .00 .00 .00 .000 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 0 .00 SERVICES AND MATERIALS .00 .000 .00 29 42.67 .500 309.35 INPATIENT HOSPITAL SURGERY 1,237.40 21.33 373.32 PRINCIPAL SURGEON 746.63 .034 373.32 12.87 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 ANESTHESIOLOGIST 490.77 18.18 .466 245.39 8.46

OUTPATIENT SURGERY	1	1		38.54		38.54	.017		38.54		.66
PRINCIPAL SURGEON	1	1		38.54		38.54	.017		38.54		.66
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	3		58.55		19.52	.052		29.28		1.01
RADIOLOGY	7	35		922.47		26.36	.603		131.78		15.90
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	8	12		169.63		14.14	.207		21.20		2.92
@PHARMACY	437	1,010	\$	210,102.30	\$		17.414	\$	480.78	\$	3622.45
PRESCRIPTION DRUGS	435	1,007		209,703.91		208.25	17.362		482.08		3615.58
SNF/ICF	10	48		5,253.97		109.46	.828		525.40		90.59
OUTPATIENTS	425	959		204,449.94		213.19	16.534		481.06		3525.00
MEDICAL SUPPLIES	3	3		398.39		132.80	.052		132.80		6.87
@DENTIST	347	1,563	\$	86,940.46	\$	55.62	26.948	\$	250.55	\$	1498.97
VISITS - DIAGNOSTIC	213	964		12,062.54		12.51	16.621		56.63		207.97
ORAL SURGERY	43	131		6,404.00		48.89	2.259		148.93		110.41
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	2	2		15.00		7.50	.034		7.50		.26
PERIODONTICS	31	31		6,055.00		195.32	.534		195.32		104.40
ENDODONTICS	33	45		10,908.00		242.40	.776		330.55		188.07
RESTORATIVE DENTISTRY	103	279		35,702.50		127.97	4.810		346.63		615.56
PROSTHETICS	1	1		30.00		30.00	.017				.52
DENTURES, STAYPLATES	40	110		15,763.42		143.30	1.897		394.09		271.78
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M	ONTH-OF-PAYMENT RE	EPOR'	I FOR JAN	2002 THRU	DEC	2002	P	AGE 17,126
MOP024	FEE-FOR-SERVICE/DEN										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR MN - N	O SOC	- DISABLED 64 6	6G 61	H 6U 6V 62					
							M	ONT	HLY AVERA	GE	

						M	ON'.	LHLY AVERA	GE	
58 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	8	\$ 168.74	\$	21.09	.138	\$	56.25	\$	2.91
DIAGNOSTIC AND ANC. PROCED	2	2	83.04		41.52	.034		41.52		1.43
EYE APPLIANCES	2	6	85.70		14.28	.103		42.85		1.48
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	17	115	\$ 16,979.26	\$	147.65	1.983	\$	998.78	\$	292.75
HOSP INPATIENT TOTAL	8	68	15,789.87		232.20	1.172		1973.73		272.24
HSC HOSPITALS	1	8	12,680.00		1585.00	.138		12680.00		218.62

NON-HSC HOSPITAL TOTAL	0	0		407.49CR	.00	.000	.00	7.03CR
ACCOMMODATIONS	0	0		407.49CR	.00	.000	.00	7.03CR
ADMINISTRATIVE DAYS	0	0		483.00CR	.00	.000	.00	8.33CR
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00	1.30
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	7	60		3,517.36	58.62	1.034	502.48	60.64
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	47		1,189.39	25.31	.810	132.15	20.51
MEDICAL	1	0		151.49	.00	.000	151.49	2.61
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	17		151.63	8.92	.293	50.54	2.61
RADIOLOGY	2	3		235.37	78.46	.052	117.69	4.06
ROOM USE	4	6		219.90	36.65	.103	54.98	3.79
CROSSOVERS/ALL OTH OUTPTNT	4	21		431.00	20.52	.362	107.75	7.43
@COUNTY HOSPITAL TOTAL	0	0	\$	184.68CR \$.00	.000 \$.00	\$ 3.18CR
CO HOSPITAL INPATIENT TOTAL	0	0		184.68CR	.00	.000	.00	3.18CR
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		184.68CR	.00	.000	.00	3.18CR
ACCOMMODATIONS	0	0		184.68CR	.00	.000	.00	3.18CR
ADMINISTRATIVE DAYS	0	0		184.68CR	.00	.000	.00	3.18CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MON	TH-OF-PAYMENT REPOR	r for jan	2002 THRU DE	C 2002	PAGE 17,127
MOP024	FEE-FOR-SERVICE	/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC -	- DISABLED 64 6G 6	H 6U 6V 6X	8G		
						MON		GE
58 ELIGIBLES	USERS	UNITS OF SERVICE				UNITS/DAYS		COST PER
		OR DAYS OF CAR	₹			PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	115	\$	17,163.94 \$			1009.64	•
COMM HOCD INDAMIENT TOTAL	0	60		15 07/ 55	234 02	1 172	1006 02	275 42

					11011		,
58 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	115 \$	17,163.94	\$ 149.25	1.983 \$	1009.64	\$ 295.93
COMM HOSP INPATIENT TOTAL	8	68	15,974.55	234.92	1.172	1996.82	275.42
HSC HOSPITALS	1	8	12,680.00	1585.00	.138	12680.00	218.62
NON-HSC HOSPITALS TOTAL	0	0	222.81CR	.00	.000	.00	3.84CR
ACCOMMODATIONS	0	0	222.81CR	.00	.000	.00	3.84CR
ADMINISTRATIVE DAYS	0	0	298.32CR	.00	.000	.00	5.14CR
TRANSITIONAL IP CARE	0	0	75.51	.00	.000	.00	1.30
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	7	60	3,517.36	58.62	1.034	502.48	60.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	47	1,189.39	25.31	.810	132.15	20.51
MEDICAL	1	0	151.49	.00	.000	151.49	2.61
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	17	151.63	8.92	.293	50.54	2.61
RADIOLOGY	2	3	235.37	78.46	.052	117.69	4.06
ROOM USE	4	6	219.90	36.65	.103	54.98	3.79

CROSSOVERS/ALL OTH OUTPTN	Г 4	21		431.00		20.52	.362		107.75		7.43
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	4	101	\$	11,680.56	\$	115.65	1.741	\$	2920.14	\$	201.39
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	G 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4	101		11,680.56		115.65	1.741		2920.14		201.39
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	7	\$	98.26	\$	14.04	.121	\$	32.75	\$	1.69
PATHOLOGY	3	7		98.26		14.04	.121		32.75		1.69
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	8	8	\$	712.72	\$	89.09	.138	\$	89.09	\$	12.29
CLINIC	2	2		107.64		53.82	.034		53.82		1.86
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	6		605.08		100.85	.103		100.85		10.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MO	NTH-OF-PAYMENT RE	EPOR1	FOR JAN 200	2 THRU	DEC	2002	PI	GE 17,128
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	MN - N	O SOC	- DISABLED 64 6	6G 6F	H 6U 6V 6X 8G					

1020 000111	DOILIMING OF DELIC	VIOLO I OIL III 110 000	DIDIIDEED 01	00 011 00 01 011	00		
					MON	ITHLY AVERA	GE
58 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	227	6 , 936 \$	58,426.87	\$ 8.42	119.586 \$	257.39	\$ 1007.36
DURABLE MED. EQUIP.	3	18	94.02	5.22	.310	31.34	1.62
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	23	54.89	2.39	.397	54.89	.95
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	23	54.89	2.39	.397	54.89	.95
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	20	277	18,590.06	67.11	4.776	929.50	320.52
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	23	406	12,834.68	31.61	7.000	558.03	221.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	95	203	2,486.31	12.25	3.500	26.17	42.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.034	45.98	.79
PROSTHETICS	1	2	45.98	22.99	.034	45.98	.79
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	46.44	46.44	.017	46.44	.80
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	82	6,006		24,239.95	4.04	103.552	295.61	417.93
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	0		34.54	.00	.000	34.54	.60
@CALIF. CHILDREN SERVICES*	2	15	\$.00	\$.00	.259	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	18	24	\$	4,061.68	\$ 169.24	.414	\$ 225.65	\$ 70.03
O. HORATO THE MURCH TIMES ARE STUDY	30 3 00030300	THEODIA	T. T. T. A.	227777				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,129
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

						MO	NTHLY AVERA	GE
21,046 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	13,817	66 , 659	\$	3,058,221.94	\$ 45.88	3.167	\$ 221.34	\$ 145.31
@PHYSICIANS SERVICES	926	2,613	\$	154,755.34	\$ 59.23	.124	\$ 167.12	\$ 7.35
OUTPATIENT VISITS	344	621		25,421.54	40.94	.030	73.90	1.21
OFFICE VISITS	50	57		3,554.08	62.35	.003	71.08	.17
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	222	253		13,536.09	53.50	.012	60.97	.64
PREVENTIVE CARE	0	0		3.00CF	.00	.000	.00	.00
OB VISITS/COMPRE PERI	43	263		6,635.24	25.23	.012	154.31	.32
OTHER OUTPATIENT	37	48		1,699.13	35.40	.002	45.92	.08
INPATIENT VISITS	84	315		23,231.55	73.75	.015	276.57	1.10
HOSPITAL VISITS	71	173		8,078.50	46.70	.008	113.78	.38
CRITICAL CARE	20	142		15,153.05	106.71	.007	757.65	.72
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5		152.97	30.59	.000	30.59	.01

DVANTAL DT ONG	4	1		150 07		20 24	000		38.24		0.1
EXAMINATIONS	4	4		152.97		38.24	.000				.01
SERVICES AND MATERIALS	1 2 1	=		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	131	634		66,182.25		104.39	.030		505.21		3.14
PRINCIPAL SURGEON	63	91		47,244.37		519.17	.004		749.91		2.24
ASSISTANT SURGEON	17	17		3,091.22		181.84	.001		181.84		.15
ANESTHESIOLOGIST	72	526		15,846.66		30.13	.025		220.09		.75
OUTPATIENT SURGERY	58	119		6,935.32		58.28	.006		119.57		.33
PRINCIPAL SURGEON	45	55		4,975.90		90.47	.003		110.58		.24
ASSISTANT SURGEON	1	1		62.62		62.62	.000		62.62		.00
ANESTHESIOLOGIST	15	63		1,896.80		30.11	.003		126.45		.09
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	102	151		3,456.34		22.89	.007		33.89		.16
RADIOLOGY	394	637		23,430.89		36.78	.030		59.47		1.11
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	12	12		783.35		65.28	.001		65.28		.04
OTHER SERVICES/ALL X-OVERS	73	119		5,161.13		43.37	.006		70.70		.25
@PHARMACY	930	1,637	\$	78,119.87	\$	47.72	.078	\$	84.00	\$	3.71
PRESCRIPTION DRUGS	903	1,487		67,212.99		45.20	.071		74.43		3.19
SNF/ICF	0	. 0		.00		.00	.000		.00		.00
OUTPATIENTS	903	1,487		67,212.99		45.20	.071		74.43		3.19
MEDICAL SUPPLIES	66	150		10,906.88		72.71	.007		165.26		.52
@DENTIST	6,651	32,390	\$	1,164,963.76	\$	35.97	1.539	\$	175.16	\$	55.35
VISITS - DIAGNOSTIC	4,478	21,727		285,453.04	·	13.14	1.032	·	63.75		13.56
ORAL SURGERY	756	1,347		67,848.15		50.37	.064		89.75		3.22
DRUGS	50	57		940.00		16.49	.003		18.80		.04
ANESTHESIA	5	5		300.00		60.00	.000		60.00		.01
PERIODONTICS	352	371		62,335.00		168.02	.018		177.09		2.96
ENDODONTICS	622	1,092		183,907.50		168.41	.052		295.67		8.74
RESTORATIVE DENTISTRY	2,604	7,131		512,906.65		71.93	.339		196.97		24.37
PROSTHETICS	42	47		1,070.00		22.77			25.48		.05
DENTURES, STAYPLATES	98	343		32,080.68		93.53	.016		327.35		1.52
SPACE MAINTAINERS	48	69		5,892.74		85.40	.003		122.77		.28
MAXILLOFACIAL SERVICES	6	6		350.00		58.33	.000		58.33		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	102	165		11,580.00		70.18	.008		113.53		.55
ALL OTHER SERVICES	21	30		300.00		10.00	.001		14.29		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		DEC N					DEC		D7	GE 17,130
MOP024	FEE-FOR-SERVICE/DE		IVEO I	MONTH-OF-FAIMENT RE	FFOVI	LOK OAN	2002 INKU	חהר	2002	PF	01/17/03
YOLO COUNTY	SUMMARY OF SERVICE		OC-E7	יזיכ יחב זוב מב אב אות	5/ 50	5 T 5W 5	V 6 T				01/1//03
TOTO COOMII	SOUTHART OF SERVICE	SOM-MM YOU C	OC-FF	ער דר אר בר הר ואד	J4 J9	20 2M-2	T 00				

21,046 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	Z\17E	ERAGE COST	UNITS/DAY:	S	COST PER	 COST PER
21,040 EHIGIBHES	ODERO		EXIENDITORES						
		OR DAYS OF CARE		PEF	- ,	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	26	65	\$ 1,264.14	\$	19.45	.003	\$	48.62	\$.06
DIAGNOSTIC AND ANC. PROCED	9	9	427.05		47.45	.000		47.45	.02
EYE APPLIANCES	24	55	823.61		14.97	.003		34.32	.04
OTHER OPTOMETRIC SERVICES	1	1	13.48		13.48	.000		13.48	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	49	54	\$ 3,637.13	\$	67.35	.003	\$	74.23	\$.17
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER		0	\$		\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$.00	.000		.00		.00
@TOTAL HOSPITAL	1,231	8,933	\$	1,122,941.18	\$				912.22	\$	53.36
HOSP INPATIENT TOTAL	211	812		920,190.80			.039		4361.09		43.72
HSC HOSPITALS	110	415		478,233.50		1152.37	.020		4347.58		22.72
NON-HSC HOSPITAL TOTAL	103	393		440,674.93		1121.31	.019		4278.40		20.94
ACCOMMODATIONS	103	393		148,826.93		378.69	.019		1444.92		7.07
ADMINISTRATIVE DAYS	1	8		1,677.42		209.68	.000		1677.42		.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	102	385		147,149.51		382.21	.018		1442.64		6.99
ANCILLARIES	103	0		291,848.00		.00	.000		2833.48		13.87
INPATIENT CROSSOVERS	2	4		1,282.37		320.59	.000		641.19		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,121	8,121		202,750.38		24.97	.386		180.87		9.63
MEDICAL	107	125		4,427.15		35.42	.006		41.38		.21
SURGERY	68	81		3,501.23		43.23	.004		51.49		.17
PATHOLOGY	392	1,309		14,861.70		11.35	.062		37.91		.71
RADIOLOGY	193	243		14,648.92		60.28	.012		75.90		.70
ROOM USE	825	1,513		47,665.21		31.50	.072		57.78		2.26
CROSSOVERS/ALL OTH OUTPINT	795	4,850		117,646.17		24.26	.230		147.98		5.59
@COUNTY HOSPITAL TOTAL	4	, 9	\$	6,425.91	\$			\$	1606.48	\$.31
CO HOSPITAL INPATIENT TOTAL	2	5		6,296.02		1259.20			3148.01		.30
HSC HOSPITALS	2	5		6,296.02		1259.20	.000		3148.01		.30
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		129.89		32.47	.000		64.95		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		6.04		6.04	.000		6.04		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		35.52		35.52	.000		35.52		.00
CROSSOVERS/ALL OTH OUTPTNT	2	2		88.33		44.17	.000		44.17		.00
	MEDI-CAL SERVICES AN	D EXPENDITU	RES M		EPOR			DEC		PF	AGE 17,131
MOP024	FEE-FOR-SERVICE/DENT										01/17/03
1101 0 001111E11	armara ar arburara	=05 101 1100	00 53		- 4 -	0 5 7 5 7 5					

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

21.046 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

21,046 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,227	8 , 924 \$	1,116,515.27	\$ 125.11	.424	909.96	\$ 53.05
COMM HOSP INPATIENT TOTAL	209	807	913,894.78	1132.46	.038	4372.70	43.42
HSC HOSPITALS	108	410	471,937.48	1151.07	.019	4369.79	22.42
NON-HSC HOSPITALS TOTAL	103	393	440,674.93	1121.31	.019	4278.40	20.94
ACCOMMODATIONS	103	393	148,826.93	378.69	.019	1444.92	7.07
ADMINISTRATIVE DAYS	1	8	1,677.42	209.68	.000	1677.42	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	102	385	147,149.51	382.21	.018	1442.64	6.99
ANCILLARIES	103	0	291,848.00	.00	.000	2833.48	13.87
INPATIENT CROSSOVERS	2	4	1,282.37	320.59	.000	641.19	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	1,119	8,117		202,620.49		24.96	.386		181.07		9.63
MEDICAL	107	125		4,427.15		35.42	.006		41.38		.21
SURGERY	68	81		3,501.23		43.23	.004		51.49		.17
PATHOLOGY	391	1,308		14,855.66		11.36	.062		37.99		.71
RADIOLOGY	193	243		14,648.92		60.28	.012		75.90		.70
ROOM USE	824	1,512		47 , 629.69		31.50	.072		57.80		2.26
CROSSOVERS/ALL OTH OUTPINT	793	4,848		117,557.84		24.25	.230		148.24		5.59
@STATE HOSPITAL	11	355	\$	185,334.41	\$	522.07	.017	\$	16848.58	\$	8.81
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	11	355		185,334.41		522.07	.017		16848.58		8.81
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	6	18	\$	508.21	\$	28.23	.001	\$	84.70	\$.02
HOSPITAL BASED	1	2		136.00		68.00	.000		136.00		.01
INDEPENDENT FACILITY	5	16		372.21		23.26	.001		74.44		.02
@LABORATORY FACILITY	552	1,299	\$	19,670.40	\$	15.14	.062	\$	35.63	\$.93
PATHOLOGY	552	1,299		19,670.40		15.14	.062		35.63		.93
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	709	2,352	\$	144,418.31	\$	61.40	.112	\$	203.69	\$	6.86
CLINIC	349	1,848		97,007.30		52.49	.088		277.96		4.61
SURGICENTER	4	27		648.70		24.03	.001		162.18		.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	356	477		46,762.31		98.03	.023		131.35		2.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITU	JRES M	ONTH-OF-PAYMENT RE	EPORT	r for Jan 200	2 THRU	DEC	2002	PA	GE 17,132
MOP024	FEE-FOR-SERVICE/DENT	AL									01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FA	M 34 39 3N 3T 3V 5	54 59	9 5J 5W-5Y 6J	Г				

21,046 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @ALL OTHER PROVIDERS 4,789 16,943 \$ 182,609.19 \$ 10.78 .805 \$ 38.13 \$ 8.68 .000 DURABLE MED. EQUIP. 1 5CR 699.80CR 139.96 699.80CR .03CR BLOOD BANK Ω Ω .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 6,127.86 12.93 157.12 .29 MEDICAL TRANSPORTATION 39 474 .023 39 474 6,127.86 12.93 157.12 .29 AMBULANCES/AIR TRANS .023 .00 OTHER TRANS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 ACUPUNCTURE .000 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 254 252 20,758.00 81.72 82.37 .99 GENETIC DISEASE TESTING .012 .00 .00 0 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 OPTICIAN 814 1,700 16,353.63 9.62 .081 20.09 .78 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	8	946.90	118.36	.000	315.63	.04
PROSTHETICS	2	7	858.21	122.60	.000	429.11	.04
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	2	2	75.92	37.96	.000	37.96	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3 , 717	14,510	139,046.68	9.58	.689	37.41	6.61
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	45	227	\$ 158,019.21	\$ 696.12	.011	\$ 3511.54	\$ 7.51
@XOVER EXCLUDING STATE HOSP**	5	4	\$ 1,358.31	\$ 339.58	.000	\$ 271.66	\$.06

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,133 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

TOLO COUNTI	SUMMAKI OF SEK	VICES FOR 20 MEDI	САПП	I NEEDI - NO SOC		MC		CD
01 150 BLIGIBLES	HORDO	INITES OF SERVICE	,		717ED 7 CE COCE		NTHLY AVERA	-
21,158 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
	4 = 04 =	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	15,315	78,815	\$	3,700,258.71	\$ 46.95	3.725		
@PHYSICIANS SERVICES	954	2,728	\$	•	\$ 58.31	.129		•
OUTPATIENT VISITS	354	636		,	41.07	.030	73.78	1.23
OFFICE VISITS	53	61		3,799.16	62.28	.003	71.68	.18
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	227	259		13,889.19	53.63	.012	61.19	.66
PREVENTIVE CARE	0	0		3.00CR		.000	.00	.00
OB VISITS/COMPRE PERI	43	263		6,635.24	25.23	.012	154.31	.31
OTHER OUTPATIENT	41	53		1,798.77	33.94	.003	43.87	.09
INPATIENT VISITS	88	331		24,173.75	73.03	.016	274.70	1.14
HOSPITAL VISITS	74	185		8 , 532 . 72	46.12	.009	115.31	.40
CRITICAL CARE	22	146		15,639.45	107.12	.007	710.88	.74
SNF/ICF/TRANS IP CARE	0	0		1.58	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5		152.97	30.59	.000	30.59	.01
EXAMINATIONS	4	4		152.97	38.24	.000	38.24	.01
SERVICES AND MATERIALS	1	1		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	135	663		67,503.42	101.82	.031	500.03	3.19
PRINCIPAL SURGEON	65	93		48,074.77	516.93	.004	739.61	2.27
ASSISTANT SURGEON	17	17		3,091.22	181.84	.001	181.84	.15
ANESTHESIOLOGIST	74	553		16,337.43	29.54	.026	220.78	.77
OUTPATIENT SURGERY	60	121		7,033.02	58.12	.006	117.22	.33
PRINCIPAL SURGEON	47	57		5,073.60	89.01	.003	107.95	.24
ASSISTANT SURGEON	1	1		62.62	62.62	.000	62.62	.00
ANESTHESIOLOGIST	15	63		1,896.80	30.11	.003	126.45	.09
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	105	155		3,544.82	22.87	.007	33.76	.17
RADIOLOGY	401	672		24,363.07	36.25	.032	60.76	1.15
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	12		783.35	65.28	.001	65.28	.04
OTHER SERVICES/ALL X-OVERS	83	133		5,396.76	40.58	.006	65.02	.26
@PHARMACY	1,432	2,745	\$		\$ 109.10	.130		
PRESCRIPTION DRUGS	1,403	2,592	·	288,167.96	111.18	.123	205.39	13.62
	•	•		·				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	16	55		6,070.35		110.37	.003		379.40		.29
OUTPATIENTS	1,387	2 , 537		282,097.61		111.19	.120		203.39		13.33
MEDICAL SUPPLIES	69	153		11,305.27		73.89	.007		163.84		.53
@DENTIST	7,342	35 , 432	\$	1,334,900.97	\$	37.68	1.675	\$	181.82	\$	63.09
VISITS - DIAGNOSTIC	4,883	23,525		308,076.58		13.10	1.112		63.09		14.56
ORAL SURGERY	859	1,718		85,120.15		49.55	.081		99.09		4.02
DRUGS	50	57		940.00		16.49	.003		18.80		.04
ANESTHESIA	7	7		315.00		45.00	.000		45.00		.01
PERIODONTICS	421	442		75,090.00		169.89	.021		178.36		3.55
ENDODONTICS	676	1,168		201,970.50		172.92	.055		298.77		9.55
RESTORATIVE DENTISTRY	2,793	7 , 619		570,485.15		74.88	.360		204.26		26.96
PROSTHETICS	46	54		1,350.00		25.00	.003		29.35		.06
DENTURES, STAYPLATES	187	569		73,430.85		129.05	.027		392.68		3.47
SPACE MAINTAINERS	48	69		5,892.74		85.40	.003		122.77		.28
MAXILLOFACIAL SERVICES	6	6		350.00		58.33	.000		58.33		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	102	165		11,580.00		70.18	.008		113.53		.55
ALL OTHER SERVICES	23	33		300.00		9.09	.002		13.04		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	Ι	PAGE 17,134
MOP024	FEE-FOR-SERVICE,	/DENTAL									01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 28 MED	ICAL	LY NEEDY - NO SOC							
							M	CNT	HLY AVERA	GE.	
21,158 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	37	99	\$	1,996.02	\$.005	\$	53.95	\$.09
DIAGNOSTIC AND ANC. PROCED	16	16		747.34		46.71	.001		46.71		.04
EYE APPLIANCES	33	82		1,235.20		15.06	.004		37.43		.06
OTHER OPTOMETRIC SERVICES	1	1		13.48		13.48	.000		13.48		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	49	54 \$	3,637.13	\$ 67.35	.003 \$	74.23	\$.17
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	•
@TOTAL HOSPITAL	1,251	9,053 \$	1,140,141.23	\$ 125.94	.428 \$	911.38	
HOSP INPATIENT TOTAL	219	880	935,980.67	1063.61	.042	4273.88	44.24
HSC HOSPITALS	111	423	490,913.50	1160.55	.020	4422.64	23.20
NON-HSC HOSPITAL TOTAL	103	393	440,267.44	1120.27	.019	4274.44	20.81
ACCOMMODATIONS	103	393	148,419.44	377.66	.019	1440.97	7.01
ADMINISTRATIVE DAYS	1	8	1,194.42	149.30	.000	1194.42	.06
TRANSITIONAL IP CARE	0	0	75.51	.00	.000	.00	.00
ALL OTHER ACCOM	102	385	147,149.51	382.21	.018	1442.64	6.95
ANCILLARIES	103	0	291,848.00	.00	.000	2833.48	13.79
	9	64	4,799.73	75.00	.003	533.30	
INPATIENT CROSSOVERS	0	0	•				.23
ALL OTHER INPATIENT			.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,133	8,173	204,160.56	24.98	.386	180.19	9.65
MEDICAL	108	125	4,640.36	37.12 42.93	.006	42.97	.22
SURGERY	69	82	3,520.47		.004	51.02	.17
PATHOLOGY	395	1,326	15,034.55	11.34	.063	38.06	.71
RADIOLOGY	195	246	14,884.29	60.51	.012	76.33	.70
ROOM USE	831	1,521	47,975.01	31.54	.072	57.73	2.27
CROSSOVERS/ALL OTH OUTPTNT	801	4,873	118,105.88	24.24	.230	147.45	5.58
@COUNTY HOSPITAL TOTAL	4	9 \$	6,241.23	\$ 693.47		1560.31	
CO HOSPITAL INPATIENT TOTAL	2	5	6,111.34	1222.27	.000	3055.67	.29
HSC HOSPITALS	2	5	6,296.02	1259.20	.000	3148.01	.30
NON-HSC HOSPITALS TOTAL		0	184.68CR		.000	.00	.01CR
ACCOMMODATIONS	0	0	184.68CR	.00	.000	.00	.01CR
ADMINISTRATIVE DAYS	0	0	184.68CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	129.89	32.47	.000	64.95	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	6.04	6.04	.000	6.04	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.52	35.52	.000	35.52	.00
CROSSOVERS/ALL OTH OUTPINT	2	2	88.33	44.17	.000	44.17	.00
		ES AND EXPENDITURES MON	TH-OF-PAYMENT REI	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 17,135
	FEE-FOR-SERVICE						01/17/03
YOLO COUNTY	SUMMARY OF SERVI	ICES FOR 28 MEDICALLY	NEEDY - NO SOC				
					MONT		-
21,158 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,247	9,044 \$	1,133,900.00	\$ 125.38	.427 \$	909.30	
COMM HOSP INPATIENT TOTAL	217	875	929,869.33	1062.71	.041	4285.11	43.95
HSC HOSPITALS	109	418	484,617.48	1159.37	.020	4446.03	22.90
NON-HSC HOSPITALS TOTAL	103	393	440,452.12	1120.74	.019	4276.23	20.82
ACCOMMODATIONS	103	393	148,604.12	378.13	.019	1442.76	7.02

ADMINISTRATIVE DAYS	1	8		1,379.10		172.39	.000		1379.10		.07
TRANSITIONAL IP CARE	0	0		75.51		.00	.000		.00		.00
ALL OTHER ACCOM	102	385		147,149.51		382.21	.018		1442.64		6.95
ANCILLARIES	103	0		291,848.00		.00	.000		2833.48		13.79
INPATIENT CROSSOVERS	9	64		4,799.73		75.00	.003		533.30		.23
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,131	8,169		204,030.67		24.98	.386		180.40		9.64
MEDICAL	108	125		4,640.36		37.12	.006		42.97		.22
SURGERY	69	82		3,520.47		42.93	.004		51.02		.17
PATHOLOGY	394	1,325		15,028.51		11.34	.063		38.14		.71
RADIOLOGY	195	246		14,884.29		60.51	.012		76.33		.70
ROOM USE	830	1,520		47,939.49		31.54	.072		57.76		2.27
CROSSOVERS/ALL OTH OUTPTNT	799	4,871		118,017.55		24.23	.230		147.71		5.58
@STATE HOSPITAL	17	620	\$	325,812.06	\$	525.50	.029	ċ	19165.42	ċ	15.40
	6	265	Ą	140,477.65	Ş				23412.94	Ą	6.64
MENTALLY ILL				•		530.10	.013				
DEVELOP. DISABLED	11	355	^	185,334.41	<u> </u>	522.07	.017		16848.58	<u> </u>	8.76
@NURSING FACILITY	4	101	\$	11,680.56	\$	115.65		\$	2920.14	\$.55
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	4	101		11,680.56		115.65	.005		2920.14		.55
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	6	18	\$	508.21	\$	28.23	.001	\$	84.70	\$.02
HOSPITAL BASED	1	2		136.00		68.00	.000		136.00		.01
INDEPENDENT FACILITY	5	16		372.21		23.26	.001		74.44		.02
@LABORATORY FACILITY	556	1,311	\$	19,832.57	\$	15.13	.062	\$	35.67	Ś	.94
PATHOLOGY	556	1,311	'	19,832.57	'	15.13	.062		35.67	'	.94
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	728	2,376	\$	147,095.61	Ś	61.91	.112	Ś	202.05	Ś	6.95
CLINIC	351	1,850	т	97,114.94	т	52.49	.087	т	276.68	т	4.59
SURGICENTER	4	27		648.70		24.03	.001		162.18		.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	373	499		49,331.97		98.86	.024		132.26		2.33
#CALIF DEPT OF HEALTH SERV			IDEC M	ONTH-OF-PAYMENT R	ם חטחים			DEC		דע כו	AGE 17,136
MOP024	FEE-FOR-SERVICE		NIVEO M	ONTH-OF-FAIMENT R.	LFOR.	L LOK OAN	ZUUZ INKU	טבול	, 2002	P.P.	01/17/03
YOLO COUNTY		VICES FOR 28 MEI		V NEEDV - NO COC							01/11/03
IOLO COUNTI	SUMMAKI OF SEK	VICES FOR ZO MEI) т САПП	I NEEDI - NO SOC				ייזא רו	יים מינות עדטי	CE	
21 150 ELICIDIES	HOEDO	INTER OF CERTIF	יחי	EADEMDIMIDEO	יא די די				HLY AVERA		COUL DED
21,158 ELIGIBLES	USERS	UNITS OF SERVIC	_트	EXPENDITURES	AVI	TRAGE COST	UNITS/DAY	5	COST PER	C	COST PER

21,158 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 256,110.60 \$ 10.55 1.147 \$ 49.85 \$ 12.10 5,138 24,278 \$ @ALL OTHER PROVIDERS 605.78CR 46.60CR .001 151.45CR DURABLE MED. EQUIP. 4 13 .03CR .00 .000 .00 0 .00 .000 12.44 .023 12.93 .022 2.39 .001 .00 .000 0 38.00 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .00 12.44 6,182.75 154.57 .29 40 497 MEDICAL TRANSPORTATION 39 474 6,127.86 157.12 .29 AMBULANCES/AIR TRANS 1 23 54.89 54.89 .00 OTHER TRANS 0 0 .00 OTHER SERVICES .00 .00 ACUPUNCTURE .00 .00 .00

ADULT DAY HEALTH CARE CTR	27	423	28,432.63	67.22	.020	1053.06	1.34
GENETIC DISEASE TESTING	252	254	20,758.00	81.72	.012	82.37	.98
IHMC, MODEL-NF, NF, AIDS, MSSP	27	417	14,045.91	33.68	.020	520.22	.66
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,015	2,131	21,755.80	10.21	.101	21.43	1.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	10	992.88	99.29	.000	248.22	.05
PROSTHETICS	3	9	904.19	100.47	.000	301.40	.04
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	3	3	122.36	40.79	.000	40.79	.01
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,799	20,516	163,286.63	7.96	.970	42.98	7.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	14	1,101.42	78.67	.001	183.57	.05
@CALIF. CHILDREN SERVICES*	47	242	\$ 158,019.21	\$ 652.97	.011	\$ 3362.11	\$ 7.47
@XOVER EXCLUDING STATE HOSP**	29	43	\$ 6,503.73	\$ 151.25	.002	\$ 224.27	\$.31

^{0 *} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,137
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
YOLO COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 103 @TOTAL, ALL PROVIDERS 6,632.80 \$ 64.40 .000 \$ 184.24 \$.00 36 2 \$ 18.44 36.88 \$ @PHYSICIANS SERVICES 4 73.75 \$.000 \$.00 .000 OUTPATIENT VISITS 0 0 .00 .00 .00 .00 .00 .00 OFFICE VISITS .00 .000 HOME VISITS 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 EMERGENCY ROOM PREVENTIVE CARE .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 . 00 .00 .00 .000 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	4	73.75	18.44	.000	36.88	.00
@PHARMACY	15	19 \$	2,969.69	\$ 156.30	.000	\$ 197.98	\$.00
PRESCRIPTION DRUGS	15	19	2,969.69	156.30	.000	197.98	.00
SNF/ICF	3	3	330.37	110.12	.000	110.12	.00
OUTPATIENTS	12	16	2,639.32	164.96	.000	219.94	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	15	62 \$	2,770.55	\$ 44.69	.000	\$ 184.70	\$.00
VISITS - DIAGNOSTIC	9	40	516.00	12.90	.000	57.33	.00
ORAL SURGERY	1	5	237.00	47.40	.000	237.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	4	735.00	183.75	.000	367.50	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	12	1,082.55	90.21	.000	270.64	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	N 2002 THRU	DEC 2002	PAGE 17,138

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
YOLO COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE ------ MONTHLY AVERAGE ------

						M	ONT	HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	1	\$ 1.83	\$	1.83	.000	\$	1.83	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1		1.83	1.83	.000	1.83	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	1		1.83	1.83	.000	1.83	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU:	RES MONTH-OF-	PAYMENT REPO	ORT FOR JAN 200	02 THRU DE	C 2002	PAGE 17,139
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	29 MN	- SOC - AGED		AID CODE			
						MON	THLY AVERAG	E

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$	1.83	\$	1.83	.000	\$	1.83	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	1		1.83		1.83	.000		1.83		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		1.83		1.83	.000		1.83		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	·	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	'	.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	т	.00	Τ	.00	.000	т	.00	Τ.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Т	.00	-T	.00	.000	4	.00	т.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	7	.00	-	.00	.000	7	.00	-	.00
INDEPENDENT FACILITY	0	Ō		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	'	.00	•	.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	•	.00	·	.00	.000	Ċ	.00	•	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0				.00					
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MO								
MOP024	FEE-FOR-SERVICE										01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 29 MN -	SOC	- AGED		AID CO	DE				
							M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	8	17	\$	816.98	\$	48.06	.000	\$	102.12	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00	.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	.00	
OTHER TRANS	0	0		.00		.00	.000		.00	.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	.00	
ACUPUNCTURE	0	0		.00		.00	.000		.00	.00	
ADULT DAY HEALTH CARE CTR	4	10		748.55	7	4.86	.000	18	7.14	.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	.00	
OPTICIAN	2	4		42.72	1	0.68	.000	2	1.36	.00	
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	.00	
PORTABLE X-RAY	0	0		.00		.00	.000		.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00	.00	
PROSTHETICS	0	0		.00		.00	.000		.00	.00	
ORTHOTICS	0	0		.00		.00	.000		.00	.00	
PSYCHOLOGIST	0	0		.00		.00	.000		.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00	.00	
HOSPICE SERVICES	0	0		.00		.00	.000		.00	.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	.00	
ALL OTHER PROVIDERS	2	3		25.71		8.57	.000	1	2.86	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	4	5	\$	48.18	\$	9.64	.000	\$ 1	2.05	\$.00	
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION	ITEM ONLY;								

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,141 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

IODO COONII	DOMINANT OF DEIN	VICED FOIL DO 14IN	500	עוודעע	AID CO			
						MON	ITHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUIFAILENI SUNGENI	0		O		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		Ô		.00		.00	.000		.00		.00
	0		0									
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	Ü		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00		.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
	0		0	\$		Ċ			Ċ		Ċ	
@DENTIST	0			Ş	.00	\$.00	.000	Þ	.00	\$.00
VISITS - DIAGNOSTIC	Ü		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		Û		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
	0		0									
DENTURES, STAYPLATES	U		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	Ü		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		
ORTHODONTIC SERVICES ALL OTHER SERVICES	•	CES AND EXE	•	ES MON	.00	EPORT I	.00	.000	DEC	.00	Pi	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	-	•	ES MON		EPORT 1	.00	.000	DEC	.00	Pž	.00 AGE 17,142
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	C/DENTAL	PENDITUR		.00 TH-OF-PAYMENT RI	EPORT I	.00 FOR JAN 2	.000 2002 THRU	DEC	.00	Pi	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	C/DENTAL	PENDITUR		.00 TH-OF-PAYMENT RI	EPORT 1	.00	.000 2002 THRU		2002		.00 AGE 17,142
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL VICES FOR	PENDITUR 30 MN -		.00 TH-OF-PAYMENT RI BLIND		.00 FOR JAN 2 AID CO	.000 2002 THRU : DDE M	ONTI	.00 2002 HLY AVERA	GE ·	.00 AGE 17,142 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE		.00 TH-OF-PAYMENT RI	AVER	.00 FOR JAN 2 AID CO AGE COST	.000 2002 THRU : DDE M UNITS/DAY	ONTI	.00 2002 HLY AVERA	GE ·	.00 AGE 17,142 01/17/03 COST PER
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	DENTAL VICES FOR	PENDITUR 30 MN - SERVICE OF CARE	SOC -	.00 TH-OF-PAYMENT RI BLIND EXPENDITURES	AVERA PER	.00 FOR JAN 2 AID CO AGE COST UNIT/DAY	.000 2002 THRU DDE M UNITS/DAY PER ELIG	ONTI S (.00 2002 HLY AVERA COST PER USER	GE ·	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE		.00 TH-OF-PAYMENT RI BLIND	AVER	.00 FOR JAN 2 AID CO AGE COST	.000 2002 THRU : DDE M UNITS/DAY	ONTI S (.00 2002 HLY AVERA	GE ·	.00 AGE 17,142 01/17/03 COST PER
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE	SOC -	.00 TH-OF-PAYMENT RI BLIND EXPENDITURES	AVERA PER	.00 FOR JAN 2 AID CO AGE COST UNIT/DAY	.000 2002 THRU DDE M UNITS/DAY PER ELIG	ONTI S (.00 2002 HLY AVERA COST PER USER	GE ·	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0	SOC -	.00 TH-OF-PAYMENT RI BLIND EXPENDITURES .00	AVERA PER	.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00	.000 2002 THRU : DDE M UNITS/DAY PER ELIG .000	ONTI S (.00 2002 HLY AVERA COST PER USER .00	GE ·	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0	SOC -	.00 TH-OF-PAYMENT RI BLIND EXPENDITURES .00 .00 .00	AVERA PER	.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00	.000 2002 THRU : DDE M UNITS/DAY PER ELIG .000 .000	ONTI S (.00 2002 HLY AVERA COST PER USER .00 .00	GE ·	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0	SOC -	.00 TH-OF-PAYMENT RI BLIND EXPENDITURES .00 .00 .00 .00	AVER	.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00	.000 2002 THRU : DDE M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (.00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - (1	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RI BLIND EXPENDITURES .00 .00 .00 .00 .00	AVERA PER	.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00	.000 2002 THRU : DDE M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (.00 2002 HLY AVERA COST PER USER .00 .00 .00	GE ·	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RI BLIND EXPENDITURES .00 .00 .00 .00 .00 .00	AVER	.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 2002 THRU : DDE M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTI S (.00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - (1	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RI BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVER	.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	.000 2002 THRU : DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONTH S (.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00	GE -	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RI BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVER	AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU : DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONTH S (.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00	GE - (1	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0 0 0 0	SOC -	TH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVER	.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S (.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE -	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE O O O O O O O O	SOC -	.00 TH-OF-PAYMENT RI BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVER	AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU : DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONTH S (.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00	GE -	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0 0 0 0	SOC -	TH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVER	.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S (.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE -	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE O O O O O O O O	SOC -	TH-OF-PAYMENT REBLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVER	.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S (.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE -	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVER	.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S (.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE -	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERA PER 1 \$ \$.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S (\$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE - () 1	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER 1 \$ \$.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S (\$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE - (1	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY OO ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER 1 \$.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S \$ \$ \$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY OO ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER 1	.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTE S (\$ \$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S SSSS	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERI PER 1 \$ \$ \$ \$.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTE S \$ \$ \$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE & & & & & & & & & & & & & & & & & & &	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER GTOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER 1	.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTE S (\$ \$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S SSSS	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER GTOTAL HOSPITAL HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR UNITS OF	SERVICE OF CARE O O O O O O O O O O O O O O O O O O O	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERI PER 1 \$ \$ \$ \$.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTE S \$ \$ \$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE & & & & & & & & & & & & & & & & & & &	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER GTOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR UNITS OF	PENDITUR 30 MN - SERVICE OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERI PER 1 \$ \$ \$ \$.00 FOR JAN 2 AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTE S \$ \$ \$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE & & & & & & & & & & & & & & & & & & &	.00 AGE 17,142 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

0

OUTPATIENT SURGERY

0

.00

.00

.000

.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
-	0	0 \$.00
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	Ü	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON'	TH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DEC	2002	PAGE 17,143
MOP024	FEE-FOR-SERVICE	'DENTAL					01/17/03
YOLO COUNTY	SUMMARY OF SERVI	CES FOR 30 MN - SOC -	BLIND	AID CO	DE		
					MONT	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ö	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
10011 001	0	V	• • • •	• 0 0		• 0 0	• • • •

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUF	RES MONTH-OF-P	AYMENT RE	PORT E	FOR JAN 2	002 THRU	DEC :	2002	PA	GE 17,144
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	30 MN -	- SOC - BLIND			AID CO	DE				

				MON	THLY AVERAG	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UNITS/DAYS	COST PER	COST PER
		OD DAVE OF CADE		DED HNITH/DAV DED ETTC	HCED	ET TOTEL

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,145
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
YOLO COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

						Mo	ТИС	HLY AVERA	GE	
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY:	S	COST PER	COST	PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER	ELIG	IBLE
@TOTAL, ALL PROVIDERS	126	649	\$ 82,082.29	\$	126.48	129.800	\$	651.45	\$ 1641	6.46
@PHYSICIANS SERVICES	3	34	\$ 713.74	\$	20.99	6.800	\$	237.91	\$ 14	2.75
OUTPATIENT VISITS	0	0	8.13		.00	.000		.00		1.63
OFFICE VISITS	0	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	29.22CR		.00	.000		.00		5.84CR
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	37.35		.00	.000		.00		7.47
INPATIENT VISITS	0	0	.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0	.00		.00	.000		.00		.00
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SUNGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	1	28		404.89		14.46	5.600	404.89		80.98
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		156.16		.00	.000	0.0		31.23
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	ŭ	0		.00		.00	.000	.00		.00
		5								
OTHER SERVICES/ALL X-OVERS	= 0		^	123.52	<u> </u>	24.70	1.000	41.17		24.70
@PHARMACY	79 79	204	\$	59,988.07			40.800			11997.61
PRESCRIPTION DRUGS		204		59,988.07		294.06	40.800	759.34		11997.61
SNF/ICF	6	19		2,740.58		144.24	3.800	456.76		548.12
OUTPATIENTS	74	185		57 , 247.49		309.45	37.000	773.61	1	L1449.50
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	39	195	\$	8,533.00	\$	43.76	39.000	\$ 218.79	\$	1706.60
VISITS - DIAGNOSTIC	39 22	88		1,083.00		12.31 32.06	17.600	49.23		216.60
ORAL SURGERY	6	51		1,635.00		32.06	10.200	272.50		327.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00			.000	. 00		0.0
PERIODONTICS	4	4		800.00		200 00	.800	200 00		160.00
ENDODONTICS	1	1		215.00		.00 200.00 215.00 88.38 30.00	.200	.00 200.00 215.00 231.15 30.00 441.25		43.00
RESTORATIVE DENTISTRY	13	34		3,005.00		213.00	6.800	213.00		601.00
PROSTHETICS	1	1		30.00		30.00	.200	201.10		6.00
	4	6		1,765.00		294.17	1.200	441 25		353.00
DENTURES, STAYPLATES		0					1.200	441.23		
SPACE MAINTAINERS	0 0 0	0		.00		.00	.000	. 0 0		.00
MAXILLOFACIAL SERVICES	U	•		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS		0		.00		.00	. 0 0 0	.00		.00
ORTHODONTIC SERVICES	5	10		.00		.00	2.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	RES M	IONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2002 THRU D	EC 2002	PF	AGE 17,146
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/17/03
YOLO COUNTY	SUMMARY OF SERV	VICES FOR 31 MN -	- SOC	: - DISABLED A	AID CC	DES 65 67	6W			
							MC	NTHLY AVERA	GE -	
05 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	\equiv		PEF	R UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@OPTOMETRIST	2	7	\$	153.67	\$	21.95	1.400	\$ 76.84	\$	30.73
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.200	47.45		9.49
EVE ADDITANCEC	2	6		106.22		47.45 17.70	1.200	53.11		21.24
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$		\$.00	.000	\$.00	Ġ	
VISITS	0	0	۲	.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
	0	0	\$		\$					
@PODIATRIST	U	0	Ş			.00	.000			
MEDICINE/INJECTIONS	0	•		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	Ü	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00		.00	.000			
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

EXAMINATIONS

SERVICES AND MATERIALS

INPATIENT HOSPITAL SURGERY

PRINCIPAL SURGEON

ASSISTANT SURGEON

0

0

1

1

0

0

0

29

1

0

.00

.00

425.93

21.04

.00

.00

14.69

.00

21.04

.00

.000

.000

5.800

.200

.000

.00

.00

21.04

.00

425.93

.00

.00

85.19

4.21

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$ \$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	1	5	ب د	738.45	\$	147.69	1.000	\$	738.45		147.69
-	1	5	ې	602.88	Ş	120.58	1.000	Ş	602.88	Ą	120.58
HOSP INPATIENT TOTAL	1	5		.00			.000		.00		
HSC HOSPITALS	0	0				.00					.00
NON-HSC HOSPITAL TOTAL	U	U		103.60		.00	.000		.00		20.72
ACCOMMODATIONS	0	U		100.59		.00	.000		.00		20.12
ADMINISTRATIVE DAYS	U	0		100.59		.00	.000		.00		20.12
TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ü	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		3.01		.00	.000		.00		.60
INPATIENT CROSSOVERS	1	5		499.28		99.86	1.000		499.28		99.86
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		135.57		.00	.000		.00		27.11
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		135.57		.00	.000		.00		27.11
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES	•	S MON		REPOR'			DEC		P7	AGE 17,147
	FEE-FOR-SERVICE/I		11011	OI IIIIIIIIII I	010		2002 111110		2002		01/17/03
	SUMMARY OF SERVICE		SOC -	DISABLED Z	ATD CO	ODES 65 67	6W				31/1//00
1020 000111	COLLEGE OF CHICKE	20 1010 01 1110	200	213110000 1		0220 00 07	M	ONTF	HLY AVERA	GE -	
05 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AM	ERAGE COST			COST PER	-	COST PER
00 2110100	001100	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	5	\$	738.45	\$	147.69	1.000		738.45		147.69
COCTUTO: 1111 1100 T T T T T T T T T T T T T T T	_	J	·r	,50.45	~	11,.00	1.000	~	, 55 • 15	~	± 1, • 0,

					MON	THLY AVERA	GE
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	5	\$ 738.45	\$ 147.69	1.000 \$	738.45	\$ 147.69
COMM HOSP INPATIENT TOTAL	1	5	602.88	120.58	1.000	602.88	120.58
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	103.60	.00	.000	.00	20.72
ACCOMMODATIONS	0	0	100.59	.00	.000	.00	20.12
ADMINISTRATIVE DAYS	0	0	100.59	.00	.000	.00	20.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	3.01	.00	.000	.00	.60
INPATIENT CROSSOVERS	1	5	499.28	99.86	1.000	499.28	99.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0		135.57		.00	.000		.00		27.11
	0	0					.000		.00		.00
MEDICAL	0	0		.00		.00					
SURGERY	0	O		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		135.57		.00	.000		.00		27.11
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPING	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
MENTALLY ILL	0	0	٧	.00	۲	.00	.000	Y	.00	Y	.00
	0	0									
DEVELOP. DISABLED	U		_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	9	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00			.000		.00		.00
	0	0	ċ	.00	\$.00		Ċ		ċ	
@INTERMEDIATE CARE FACILDD	0	•	\$		Ş	.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ċ	.00	\$.00
•	0	0	Y	.00	Y		.000	Y	.00	Y	.00
HOSPITAL BASED	0	•				.00					
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	16.15	\$.00	.000	\$.00	\$	3.23
PATHOLOGY	0	0		16.15		.00	.000		.00		3.23
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	6	\$	1,204.00	\$	200.67	1.200	\$	301.00	\$	240.80
CLINIC	0	0		21.00		.00	.000		.00	•	4.20
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0									
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	6		1,183.00		197.17	1.200		295.75		236.60
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT R	EPOR'	r for Jan 2	2002 THRU	DEC	2002	PΖ	AGE 17,148
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
YOLO COUNTY	SUMMARY OF SERV	VICES FOR 31 MN -	SOC	- DISABLED A	ID CO	DDES 65 67	6W				
							M	ONT	HLY AVERA	GE -	
05 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVF	ERAGE COST	UNITS/DAY	S (COST PER	(COST PER
** ======	0.0	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	18	198	\$	10,735.21	\$	54.22	39.600		596.40	\$	2147.04
-	0		۲	•	۲			ې		ې	
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	26		167.65		6.45	5.200		83.83		33.53
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	1	16		151.60		9.48	3.200		151.60		30.32
OTHER SERVICES	1	10		16.05		1.61	2.000		16.05		3.21
	0	0		.00		.00	.000				.00
ACUPUNCTURE	9			10,380.69					.00		
ADULT DAY HEALTH CARE CTR	,	155		•		66.97	31.000		1153.41		2076.14
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	6	11		131.91		11.99	2.200		21.99		26.38
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
	ž.	-				,					

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	6	54.96	9.16	1.200	54.96	10.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ 9.70	\$.00	.000	\$.00	\$ 1.94
@XOVER EXCLUDING STATE HOSP**	3	11	\$ 532.51	\$ 48.41	2.200	\$ 177.50	\$ 106.50

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,149
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	THLY AVERA	GE.	
20 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PEF	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	84	405	\$ 17,856.07	\$	44.09	20.250 \$	212.57	\$	892.80
@PHYSICIANS SERVICES	2	25	\$ 1,399.00	\$	55.96	1.250 \$	699.50	\$	69.95
OUTPATIENT VISITS	1	1	20.26		20.26	.050	20.26		1.01
OFFICE VISITS	0	0	.00		.00	.000	.00		.00
HOME VISITS	0	0	.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0	13.77CR		.00	.000	.00		.69CR
PREVENTIVE CARE	0	0	.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000	.00		.00

OTHER OUTPATIENT	1	1		34.03		34.03	.050		34.03		1.70
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	24		1,362.37		56.77	1.200		1362.37		68.12
PRINCIPAL SURGEON	1	1		951.60		951.60	.050		951.60		47.58
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	23		410.77		17.86	1.150		410.77		20.54
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		13.07		.00	.000		.00		.65
	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0							.00		.00
IMMUNIZATION AND INJECTION	0	0		.00 3.30		.00	.000		.00		.17
OTHER SERVICES/ALL X-OVERS	5	18	ć		Ċ			Ċ		ċ	
@PHARMACY	5 5		\$	1,808.38		100.47	.900	Þ		\$	90.42
PRESCRIPTION DRUGS	5	18		1,808.38		100.47	.900		361.68		90.42
SNF/ICF	U 5	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	18		1,808.38		100.47	.900		361.68		90.42
MEDICAL SUPPLIES	<u> </u>	0		.00		.00	.000		.00		.00
@DENTIST	60	319	\$	5,987.00	\$	18.77	15.950	Ş	99.78	Ş	299.35
VISITS - DIAGNOSTIC	41	245		1,717.00		7.01	12.250		41.88		85.85
ORAL SURGERY	3	8		270.00		33.75	.400		90.00		13.50
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	7	9		1,328.00		147.56	.450		189.71		66.40
RESTORATIVE DENTISTRY	16	39		2,492.00		63.90	1.950		155.75		124.60
PROSTHETICS	1	1		30.00		30.00	.050		30.00		1.50
DENTURES, STAYPLATES	1	3		.00		.00	.150		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.050		50.00		2.50
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	6	9		100.00		11.11	.450		16.67		5.00
ALL OTHER SERVICES	3	4		.00		.00	.200		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES 1	MONTH-OF-PAYMENT R	EPORT.	FOR JAN	2002 THRU	DEC	2002	P	AGE 17,150
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES I	FOR 32 MN	- SO	C - FAMILIES AID C	ODE 5R	6R 37					

----- MONTHLY AVERAGE -----20 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 0 0 \$.00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .000 \$.00 \$.00 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

MEDICINE /INTEGETONS	0	0		0.0		0.0	000		0.0		0.0
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$		\$.00
@TOTAL HOSPITAL	2	10	Ś	7,039.66	Ś	703.97		\$	3519.83		351.98
HOSP INPATIENT TOTAL	1	6	٧	6,948.00	۲	1158.00	.300	Υ	6948.00	٣	347.40
HSC HOSPITALS	1	6		•		1158.00	.300		6948.00		347.40
	1			6,948.00							
NON-HSC HOSPITAL TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	4		91.66		22.92	.200		45.83		4.58
MEDICAL	0	0		3.30		.00	.000		.00		.17
SURGERY	0	0		.65		.00	.000		.00		.03
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		24.61		24.61	.050		24.61		1.23
ROOM USE	1	1		32.86		32.86	.050		32.86		1.64
CROSSOVERS/ALL OTH OUTPTNT	± 1	2		30.24		15.12	.100		30.24		1.51
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
•	0		Ą		Ą			Ş		Ą	
CO HOSPITAL INPATIENT TOTAL	U	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
		ES AND EXPENDITUR	EC MC		FDOD			75.0		D	AGE 17,151
MOP024	FEE-FOR-SERVICE		ES MC	JNIH-OF-FAIMENI K	LEFUR	I FOR JAN A	2002 INKU I		2002	F 2	01/17/03
		ICES FOR 32 MN -	200	EAMILIES AID S	ODE	ED 6D 27					01/1//03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 32 MN -	SUC	- FAMILIES AID C	ODE	3K 6K 3/	M		III V ATZEDA	C E	
00 51 5055 50	Hanna				2.5		MC				
20 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		5			COST PER
0.000.00.00.00.00.00.00.00.00.00.00.00.	^	OR DAYS OF CARE		7 000 55		R UNIT/DAY		<u>~</u>	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	10	\$	7,039.66	Ş	703.97		Ş	3519.83	Ş	351.98
COMM HOSP INPATIENT TOTAL	1	6		6,948.00		1158.00	.300		6948.00		347.40
HSC HOSPITALS	1	6		6,948.00		1158.00	.300		6948.00		347.40
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		. 0.0		. 00	. 000		. 00		- 00

ACCOMMODATIONS

.000

.00

.00

.00

ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2	4			91.66		22.92	.200		45.83		4.58
MEDICAL	0	0			3.30		.00	.000		.00		.17
SURGERY	0	0			.65		.00	.000		.00		.03
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	1	1			24.61		24.61	.050		24.61		1.23
ROOM USE	1	1			32.86		32.86	.050		32.86		1.64
CROSSOVERS/ALL OTH OUTPTNT	1	2			30.24		15.12	.100		30.24		1.51
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$	1,3	383.56	\$	172.95	.400	\$	230.59	\$	69.18
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	8		,	883.56		172.95	.400		230.59		69.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES M	ONTH-OF-PAY	MENT I	REPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 17,152
MOP024	FEE-FOR-SERVICE/DENT											01/17/03
11010 0011111111	OTTAMAZ DAZ OD ODDITEODO	TOD 20 MAT	000	DAMET TOO	1 7 TD (CODE F	D CD 27					

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 20 ELIGIBLES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1.250 \$ 19.87 \$ 11.92 25 \$ 9.54 @ALL OTHER PROVIDERS 12 238.47 \$.000 .00 DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 .000 ACUPUNCTURE .00 .00 .00 .00

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

YOLO COUNTY

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
5	10		111.84		11.18	.500		22.37		5.59
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
7	15		126.63		8.44	.750		18.09		6.33
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
2	34	\$	8,401.98	\$	247.12	1.700	\$	4200.99	\$	420.10
0	0	\$.00	\$.00	.000	\$.00	\$.00
	0 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 5 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 2 34 0 0 0 0 0 0 0 0 0 0 0 0 2 34 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 0 0 .00 5 10 111.84 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 0 0 .00 0 0 .00 5 10 111.84 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 </td <td>0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 5 10 1111.84 11.18 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0</td> <td>0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 5 10 1111.84 11.18 .500 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0</td> <td>0 0 .00 .00 .000 .000 .0</td> <td>0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 5 10 111.84 11.18 .500 22.37 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .0</td> <td>0 0 .00 .00 .000 .000 .0</td>	0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 5 10 1111.84 11.18 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 5 10 1111.84 11.18 .500 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0	0 0 .00 .00 .000 .000 .0	0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 5 10 111.84 11.18 .500 22.37 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .0	0 0 .00 .00 .000 .000 .0

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,153 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

					MON	THLY AVERAG	7F
25 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
20 11101110	OBLICE	OR DAYS OF CARE	LAI ENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	246	1,157 \$	106,571.16	\$ 92.11	46.280 \$		-
@PHYSICIANS SERVICES	7	63 \$	2,186.49	\$ 34.71	2.520 \$		
OUTPATIENT VISITS	, 1	1	28.39	28.39	.040	28.39	1.14
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	42.99CR		.000	.00	1.72CR
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	71.38	71.38	.040	71.38	2.86
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	53	1,788.30	33.74	2.120	894.15	71.53
PRINCIPAL SURGEON	2	2	972.64	486.32	.080	486.32	38.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	51	815.66	15.99	2.040	407.83	32.63
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	169.23	.00	.000	.00	6.77
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	9	200.57	22.29	.360	40.11	8.02
@PHARMACY	99	241 \$	64,766.14	\$ 268.74	9.640 \$	654.20	\$ 2590.65
PRESCRIPTION DRUGS	99	241	64,766.14	268.74	9.640	654.20	2590.65
SNF/ICF	9	22	3,070.95	139.59	.880	341.22	122.84
OUTPATIENTS	91	219	61,695.19	281.71	8.760	677.97	2467.81
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	114	576 \$	17,290.55	\$ 30.02	23.040 \$	151.67	\$ 691.62
VISITS - DIAGNOSTIC	72	373	3,316.00	8.89	14.920	46.06	132.64
ORAL SURGERY	10	64	2,142.00	33.47	2.560	214.20	85.68
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	5	1,000.00	200.00	.200	200.00	40.00
ENDODONTICS	8	10	1,543.00	154.30	.400	192.88	61.72
RESTORATIVE DENTISTRY	31	77	6,232.00	80.94	3.080	201.03	249.28
PROSTHETICS	2	2	60.00	30.00	.080	30.00	2.40
DENTURES, STAYPLATES	9	21	2,847.55	135.60	.840	316.39	113.90
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.040	50.00	2.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	11	19	100.00	5.26	.760	9.09	4.00
ALL OTHER SERVICES	3	4	.00	.00	.160	.00	.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES N	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 17,154
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/17/03
YOLO COUNTY	SUMMARY OF SERVIC	ES FOR 33 MEDICALI	LY NEEDY - SOC				
					MON		GE
25 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	2	7 \$	153.67	\$ 21.95	.280 \$		·
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.040	47.45	1.90

EYE APPLIANCES	2	6		106.22	2	17.70		40		53.11		4.25
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	. 0	00		.00		.00
@CHIROPRACTOR	0	0	\$.00) \$.00	. 0	00	\$.00	\$.00
VISITS	0	0		.00)	.00	. 0	00		.00		.00
OTHER SERVICES	0	0		.00)	.00	. 0	00		.00		.00
@PODIATRIST	0	0	\$.00) \$.00	. 0	00	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00		.00		00		.00	·	.00
SURGERY/ANES.	0	0		.00		.00		00		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00		00		.00		.00
OTHER	0	0		.00		.00		00		.00		.00
	0		Ċ						Ċ		ċ	
@HOME HEALTH AGENCY	9	0	\$.00		.00		00	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00		.00		00	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00		.00		00	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00) \$.00	. 0	00	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00) \$.00	. 0	00	\$.00	\$.00
@TOTAL HOSPITAL	4	16	\$	7,779.94	1 \$	486.25	. 6	40	\$	1944.99	\$	311.20
HOSP INPATIENT TOTAL	2	11		7,550.88	3	686.44	. 4	40		3775.44		302.04
HSC HOSPITALS	1	6		6,948.00)	1158.00	. 2	40		6948.00		277.92
NON-HSC HOSPITAL TOTAL	0	0		103.60		.00		00		.00		4.14
ACCOMMODATIONS	0	0		100.59		.00		00		.00		4.02
ADMINISTRATIVE DAYS	0	0		100.59		.00		00		.00		4.02
TRANSITIONAL IP CARE	0	0								.00		.00
		0		.00		.00		00				
ALL OTHER ACCOM	0	0		.00		.00		00		.00		.00
ANCILLARIES	0	0		3.01		.00		00		.00		.12
INPATIENT CROSSOVERS	1	5		499.28	3	99.86		00		499.28		19.97
ALL OTHER INPATIENT	0	0		.00)	.00	. 0	00		.00		.00
HOSP OUTPATIENT TOTAL	3	5		229.06	5	45.81	. 2	00		76.35		9.16
MEDICAL	0	0		3.30)	.00	. 0	00		.00		.13
SURGERY	0	0		.65	5	.00	. 0	00		.00		.03
PATHOLOGY	0	0		.00		.00		00		.00		.00
RADIOLOGY	1	1		160.18		160.18		40		160.18		6.41
ROOM USE	1	1		32.86		32.86		40		32.86		1.31
CROSSOVERS/ALL OTH OUTPTNT	2	3		32.07		10.69		20		16.04		1.28
	2	0	Ċ						Ċ		Ċ	
@COUNTY HOSPITAL TOTAL	U	•	\$.00		.00		00	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00		00		.00		.00
HSC HOSPITALS	0	0		.00		.00		00		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	. 0	00		.00		.00
ACCOMMODATIONS	0	0		.00		.00		00		.00		.00
ADMINISTRATIVE DAYS	0	0		.00)	.00	. 0	00		.00		.00
TRANSITIONAL IP CARE	0	0		.00)	.00	. 0	00		.00		.00
ALL OTHER ACCOM	0	0		.00)	.00	. 0	00		.00		.00
ANCILLARIES	0	0		.00)	.00	. 0	00		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00		00		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00		00		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00		00		.00		.00
	0	0		.00		.00		00		.00		.00
MEDICAL	•	0										
SURGERY	0	0		.00		.00		00		.00		.00
PATHOLOGY	U	Ü		.00		.00		00		.00		.00
RADIOLOGY	0	0		.00		.00		00		.00		.00
ROOM USE	0	0		.00		.00		00		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00		00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	ES MONTH-OF	-PAYMENT	REPORT	FOR JAN	2002 TH	RU	DEC	2002	P.	AGE 17,155
MOP024	FEE-FOR-SERVICE/DENTAL											01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	R 33 MEDIC	CALLY NEEDY	- SOC								
								_ 1/	וחות∩ו	אסשווא עזנ	CF -	

		OR DAYS OF CAR	E.		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	16	\$	7,779.94	\$				1944.99		311.20
COMM HOSP INPATIENT TOTAL	2	11	'	7,550.88	'	686.44	.440		3775.44		302.04
HSC HOSPITALS	1	6		6,948.00		1158.00	.240		6948.00		277.92
NON-HSC HOSPITALS TOTAL	0	0		103.60		.00	.000		.00		4.14
ACCOMMODATIONS	0	0		100.59		.00	.000		.00		4.02
ADMINISTRATIVE DAYS	0	0		100.59		.00	.000		.00		4.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		3.01		.00	.000		.00		.12
INPATIENT CROSSOVERS	1	5		499.28		99.86	.200		499.28		19.97
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	5		229.06		45.81	.200		76.35		9.16
MEDICAL	0	0		3.30		.00	.000		.00		.13
SURGERY	0	0		.65		.00	.000		.00		.03
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		160.18		160.18	.040		160.18		6.41
ROOM USE	1	1		32.86		32.86	.040		32.86		1.31
CROSSOVERS/ALL OTH OUTPINT	2	3		32.07		10.69	.120		16.04		1.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	·	.00	.000		.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	'	.00	'	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	'	.00	'	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	·	.00	.000		.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	16.15	\$.00	.000	\$.00	\$.65
PATHOLOGY	0	0		16.15		.00	.000		.00		.65
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	14	\$	2,587.56	\$	184.83	.560	\$	258.76	\$	103.50
CLINIC	0	0		21.00		.00	.000		.00		.84
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	14		2,566.56		183.33	.560		256.66		102.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	IONTH-OF-PAYMENT RI	EPOR:	r for jan 2	2002 THRU	DEC	2002	P	AGE 17,156
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 33 MED	ICALL	Y NEEDY - SOC							
							M			GE	
25 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	38	240	\$	11,790.66	\$	49.13	9.600	\$		\$	
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	Λ	0		0.0		0.0	000		0.0		0.0

BLOOD BANK

.00

.00

.000

.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	26		167.65	6.45	1.040	83.83	6.71
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	1	16		151.60	9.48	.640	151.60	6.06
OTHER SERVICES	1	10		16.05	1.61	.400	16.05	.64
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	13	165		11,129.24	67.45	6.600	856.10	445.17
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	13	25		286.47	11.46	1.000	22.04	11.46
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	21		181.59	8.65	.840	22.70	7.26
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3		25.71	8.57	.120	12.86	1.03
@CALIF. CHILDREN SERVICES*	2	34	\$	8,411.68	\$	1.360	\$ 4205.84	\$ 336.47
@XOVER EXCLUDING STATE HOSP**	7	16	\$	580.69	\$ 36.29	.640	\$ 82.96	\$ 23.23
<pre>@* TOTALS IN THESE LINES ARE GIVEN</pre>	AS A SEPARATE	INFORMATION	ITEM ONLY;					

^{§*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,157
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
YOLO COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

----- MONTHLY AVERAGE -----76 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,768 92.64 62.737 \$ 506.56 \$ 5812.07 @TOTAL, ALL PROVIDERS 872 441,717.49 \$ 22.15 \$ @PHYSICIANS SERVICES 19 45 \$ 420.80 \$ 9.35 .592 \$ 5.54 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 OFFICE VISITS 0 0 .00 .00 .000 .00 .00 HOME VISITS 0 0 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER OUTPATIENT 22.45 89.80 .053 89.80 1.18 INPATIENT VISITS HOSPITAL VISITS 0 .00 .00 .000 .00 .00 .000 CRITICAL CARE .00 .00 .00 .00 SNF/ICF/TRANS IP CARE 89.80 22.45 89.80 1.18 .053 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 SERVICES AND MATERIALS .000 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00				.00		.00
	0	0				.00	.000			
PSYCHIATRY	U			.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	18	41		331.00		8.07	.539	18.39		4.36
@PHARMACY	636	1,480	\$	163,391.70	\$	110.40	19.474			
PRESCRIPTION DRUGS	635	1,478		163,349.38		110.52	19.447	257.24		2149.33
SNF/ICF	441	1,195		114,718.69		96.00	15.724	260.13		1509.46
OUTPATIENTS	201	283		48,630.69		171.84	3.724	241.94		639.88
MEDICAL SUPPLIES	2	2		42.32		21.16	.026	21.16		.56
@DENTIST	224	584	\$	19,195.61	\$	32.87	7.684	\$ 85.69	\$	252.57
VISITS - DIAGNOSTIC	198	468		8,499.25		18.16	6.158	42.93		111.83
ORAL SURGERY	13	39		1,747.00		44.79	.513	134.38		22.99
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	2	2		400.00		200.00	.026	200.00		5.26
ENDODONTICS	1	3		645.00		215.00	.039	645.00		8.49
RESTORATIVE DENTISTRY	11	26		1,344.00		51.69	.342	122.18		17.68
	0	0		•		.00		.00		.00
PROSTHETICS	27	•		.00			.000			
DENTURES, STAYPLATES		46		6,560.36		142.62	.605	242.98		86.32
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	RES MC	NTH-OF-PAYMENT RE	EPORI	FOR JAN 2	002 THRU D	EC 2002	F	PAGE 17,158
MOP024	FEE-FOR-SERVICE/	DENTAL								01/17/03
YOLO COUNTY	SUMMARY OF SERVI	CES FOR 34 MN -	- LTNG	G - AGED		AID CC	DE			
							MO	NTHLY AVER	AGE	
76 ELIGIBLES	USERS	UNITS OF SERVICE	7							COST PER
		ONITS OF SERVICE	ti .	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		OODI ILI
		OR DAYS OF CARE		EXPENDITURES		RAGE COST UNIT/DAY		COST PER USER		ELIGIBLE
@OPTOMETRIST	9			EXPENDITURES 380.77			PER ELIG	USER		ELIGIBLE
-		OR DAYS OF CARE	2		PER	UNIT/DAY 19.04	PER ELIG .263	USER \$ 42.31	\$	ELIGIBLE
DIAGNOSTIC AND ANC. PROCED	9	OR DAYS OF CARE	2	380.77 130.49	PER	19.04 43.50	PER ELIG .263 .039	USER \$ 42.31 43.50	\$	ELIGIBLE 5.01 1.72
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	9	OR DAYS OF CARE 20 3 17	2	380.77 130.49 250.28	PER	19.04 43.50 14.72	PER ELIG .263 .039 .224	USER \$ 42.31 43.50 35.75	\$	ELIGIBLE 5.01 1.72 3.29
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	9 3 7 0	OR DAYS OF CARE 20 3 17 0	€ \$	380.77 130.49 250.28	PER \$	19.04 43.50 14.72	PER ELIG .263 .039 .224 .000	USER \$ 42.31 43.50 35.75 .00	\$	5.01 1.72 3.29
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	9	OR DAYS OF CARE 20 3 17 0 0	2	380.77 130.49 250.28 .00	PER	19.04 43.50 14.72 .00	PER ELIG .263 .039 .224 .000	USER \$ 42.31 43.50 35.75 .00 \$.00	\$	5.01 1.72 3.29 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	9 3 7 0 0	OR DAYS OF CARE 20 3 17 0 0 0	€ \$	380.77 130.49 250.28 .00 .00	PER \$	UNIT/DAY 19.04 43.50 14.72 .00 .00	PER ELIG .263 .039 .224 .000 .000	USER \$ 42.31 43.50 35.75 .00 \$.00	\$	5.01 1.72 3.29 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	9 3 7 0 0 0	OR DAYS OF CARE 20 3 17 0 0 0 0	E \$	380.77 130.49 250.28 .00 .00	PER \$	UNIT/DAY 19.04 43.50 14.72 .00 .00	PER ELIG	USER \$ 42.31 43.50 35.75 .00 \$.00 .00	\$	5.01 1.72 3.29 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	9 3 7 0 0 0 0	OR DAYS OF CARE 20 3 17 0 0 0 15	€ \$	380.77 130.49 250.28 .00 .00 .00	PER \$	UNIT/DAY 19.04 43.50 14.72 .00 .00 .00 .00 14.22	PER ELIG	USER \$ 42.31 43.50 35.75 .00 \$.00 .00 .00 \$ 14.22	\$ \$	5.01 1.72 3.29 .00 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	9 3 7 0 0 0 0 0 15	OR DAYS OF CARE 20 3 17 0 0 0 15	E \$	380.77 130.49 250.28 .00 .00 .00 .00 213.23	PER \$	UNIT/DAY 19.04 43.50 14.72 .00 .00 .00 .00 14.22 .00	PER ELIG	USER \$ 42.31 43.50 35.75 .00 \$.00 .00 .00 \$ 14.22 .00	\$ \$	5.01 1.72 3.29 .00 .00 .00 .00 2.81
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	9 3 7 0 0 0 0 0 15 0	OR DAYS OF CARE 20 3 17 0 0 0 15 0 0	E \$	380.77 130.49 250.28 .00 .00 .00 .00 213.23 .00	PER \$	UNIT/DAY 19.04 43.50 14.72 .00 .00 .00 .00 14.22 .00 .00	PER ELIG	USER \$ 42.31 43.50 35.75 .00 \$.00 .00 .00 \$ 14.22 .00 .00	\$ \$	5.01 1.72 3.29 .00 .00 .00 .00 2.81 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	9 3 7 0 0 0 0 15 0 0	OR DAYS OF CARE 20 3 17 0 0 0 15 0 0 0 0	E \$	380.77 130.49 250.28 .00 .00 .00 .00 213.23 .00 .00	PER \$	UNIT/DAY 19.04 43.50 14.72 .00 .00 .00 .00 14.22 .00 .00 .00	PER ELIG	USER \$ 42.31 43.50 35.75 .00 \$.00 .00 .00 \$ 14.22 .00 .00 .00	\$ \$	5.01 1.72 3.29 .00 .00 .00 .00 2.81 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	9 3 7 0 0 0 0 15 0 0	OR DAYS OF CARE 20 3 17 0 0 0 15 0 0 15	E \$ \$ \$ \$ \$	380.77 130.49 250.28 .00 .00 .00 .00 213.23 .00 .00 .00 213.23	PER \$	UNIT/DAY 19.04 43.50 14.72 .00 .00 .00 .00 14.22 .00 .00 .00	PER ELIG	\$ USER \$ 42.31 43.50 35.75 .00 \$.00 .00 .00 \$ 14.22 .00 .00 .00	\$ \$	5.01 1.72 3.29 .00 .00 .00 .00 2.81 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	9 3 7 0 0 0 0 15 0 0	OR DAYS OF CARE 20 3 17 0 0 0 15 0 0 15 0 15 0	E \$ \$ \$ \$ \$ \$	380.77 130.49 250.28 .00 .00 .00 .00 213.23 .00 .00 213.23 .00	PEF \$ \$ \$	UNIT/DAY 19.04 43.50 14.72 .00 .00 .00 .00 14.22 .00 .00 .14.22 .00 .00	PER ELIG	USER \$ 42.31 43.50 35.75 .00 \$.00 .00 .00 \$ 14.22 .00 .00 .14.22 \$.00	\$ \$ \$	5.01 1.72 3.29 .00 .00 .00 .00 2.81 .00 .00 2.81 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	9 3 7 0 0 0 0 15 0 0 0	OR DAYS OF CARE 20 3 17 0 0 0 15 0 0 15 0 0 15 0 0 0 0		380.77 130.49 250.28 .00 .00 .00 .00 213.23 .00 .00 213.23 .00 .00 200 200 200 200	PER \$	UNIT/DAY 19.04 43.50 14.72 .00 .00 .00 .00 14.22 .00 .00 14.22 .00 .00 14.22 .00	PER ELIG	USER \$ 42.31 43.50 35.75 .00 \$.00 .00 .00 \$ 14.22 .00 .00 .14.22 \$.00 \$.00	\$P\$ \$P\$ \$P\$ \$P\$	5.01 1.72 3.29 .00 .00 .00 .00 2.81 .00 .00 2.81 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	9 3 7 0 0 0 0 15 0 0 0 15 0	OR DAYS OF CARE 20 3 17 0 0 0 15 0 0 15 0 0 0 0 0 0 0 0 0 0 0 0		380.77 130.49 250.28 .00 .00 .00 .00 213.23 .00 .00 213.23 .00 .00 213.00	PEF \$ \$ \$	UNIT/DAY 19.04 43.50 14.72 .00 .00 .00 .00 14.22 .00 .00 14.22 .00 .00 .00	PER ELIG	USER \$ 42.31 43.50 35.75 .00 \$.00 .00 \$ 14.22 .00 .00 14.22 \$.00 \$.00 \$.00 \$.00	\$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$	5.01 1.72 3.29 .00 .00 .00 .00 2.81 .00 .00 2.81 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	9 3 7 0 0 0 0 15 0 0 0 15 0	OR DAYS OF CARE 20 3 17 0 0 0 15 0 0 15 0 0 0 0 0 0 0 0 0 0 0 0		380.77 130.49 250.28 .00 .00 .00 .00 213.23 .00 .00 213.23 .00 .00 .00 .00 .00 .00	PEF \$ \$ \$	UNIT/DAY 19.04 43.50 14.72 .00 .00 .00 .00 14.22 .00 .00 14.22 .00 .00 .00 .00 .00 .00	PER ELIG	\$ 42.31 43.50 35.75 .00 \$.00 .00 \$ 14.22 .00 .00 .14.22 \$.00 \$.00 \$.00	Ф Ф Ф ФФФ	5.01 1.72 3.29 .00 .00 .00 .00 2.81 .00 .00 2.81 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	9 3 7 0 0 0 0 15 0 0 0 15 0	OR DAYS OF CARE 20 3 17 0 0 0 15 0 0 15 0 0 0 0 0 0 0 0 0 0 0 0		380.77 130.49 250.28 .00 .00 .00 .00 213.23 .00 .00 213.23 .00 .00 .00 .00 .00 .00	PEF \$ \$ \$	UNIT/DAY 19.04 43.50 14.72 .00 .00 .00 .00 14.22 .00 .00 14.22 .00 .00 .00	PER ELIG	USER \$ 42.31 43.50 35.75 .00 \$.00 .00 \$ 14.22 .00 .00 14.22 \$.00 \$.00 \$.00 \$.00	Ф Ф Ф ФФФ	5.01 1.72 3.29 .00 .00 .00 .00 2.81 .00 .00 2.81 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	9 3 7 0 0 0 0 15 0 0 0 15 0	OR DAYS OF CARE 20 3 17 0 0 0 15 0 0 15 0 0 0 0 0 0 0 0 0 0 0 0		380.77 130.49 250.28 .00 .00 .00 .00 213.23 .00 .00 213.23 .00 .00 .00 .00 .00 .00	PEF \$ \$ \$	UNIT/DAY 19.04 43.50 14.72 .00 .00 .00 .00 14.22 .00 .00 14.22 .00 .00 .00 .00 .00 .00	PER ELIG	\$ 42.31 43.50 35.75 .00 \$.00 .00 \$ 14.22 .00 .00 .14.22 \$.00 \$.00 \$.00		5.01 1.72 3.29 .00 .00 .00 .00 2.81 .00 .00 2.81 .00 .00 .00

26

0

4

HOSP INPATIENT TOTAL

HSC HOSPITALS

124.15

.00

3,228.00

.00

42.47

.00

.342

.000

807.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	26	3,228.00	124.15	.342	807.00	42.47
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	127.17	.00	.000	.00	1.67
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	127.17	.00	.000	.00	1.67
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 .00

01/17/03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,159 MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

IOLO COUNTI	SUMMARY OF SERVICES FC	OR 34 MIN -	LING - A	AGED		AID C					
76 81 1618189	HORDO INTEG	OB			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7				HLY AVERA		
76 ELIGIBLES		OF SERVICE	ŀ	EXPENDITURES			UNITS/DAY		COST PER		COST PER
0.0000000000000000000000000000000000000		YS OF CARE	<u>^</u>	2 255 17		UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4 4	26	\$	3,355.17	\$	129.05	.342	Ş		\$	44.15
COMM HOSP INPATIENT TOTAL	4 0	26 0		3,228.00		124.15	.342		807.00		42.47
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0				.00	.000				
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	U	•		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4 0	26 0		3,228.00		124.15	.342		807.00		42.47
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	U	0		127.17		.00	.000		.00		1.67
MEDICAL	U	-		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	ŭ		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	0	<u>^</u>	127.17	A	.00	.000	<u> </u>	.00	<u> </u>	1.67
@STATE HOSPITAL	3	49	\$	17,998.98	\$	367.33	.645	\$		\$	236.83
MENTALLY ILL	2	38		10,334.19		271.95	.500		5167.10		135.98
DEVELOP. DISABLED	1	11	^	7,664.79	A	696.80	.145	<u> </u>	7664.79	<u> </u>	100.85
@NURSING FACILITY	66	1,993	\$	229,136.34	\$	114.97	26.224	\$		\$	3014.95
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	19	580		57,523.23		99.18	7.632		3027.54		756.88
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	47 0	1,413	^	171,613.11	A	121.45	18.592	<u> </u>	3651.34	<u> </u>	2258.07
@INTERMEDIATE CARE FACILDD	-	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	Ć	.00	Ċ	.00	.000	Ċ	.00	ċ	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	Ś	.00	\$.00	.000	\$.00	ċ	.00
@REHABILITATION FACILITY	0	0	ş	.00	Ş	.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00			.00		
INDEPENDENT FACILITY	0	0	Ś		Ċ	.00	.000	Ċ		ċ	.00
@LABORATORY FACILITY	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000				.00
XO AND OTHERS	1	2	Ś		ċ	.00	.000	ċ	.00	ċ	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	Ş	173.96	\$	86.98	.026	\$	173.96	\$	2.29
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0				.00	.000				
HEROIN DETOX CLINIC	· ·	2		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	MEDI CAI CEDVICEC AND		EC MONIMII	173.96		86.98	.026	DEC	173.96	_	2.29
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL		TO MONTH-	-OF-PAYMENT I	KEFOKT	FUK JAN	ZUUZ THKU	ИEC	2002	Р	AGE 17,160 01/17/03
			T IIIIC 3	A CED		710 ~	ODE				01/1//03
YOLO COUNTY	SUMMARY OF SERVICES FO	M 34 MM -	тт.ИС - 1	AGED		AID C	ODF				

					MON	THLY AVERA	GE
76 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	68	554 \$	7,450.93	\$ 13.45	7.289 \$	109.57	\$ 98.04
DURABLE MED. EQUIP.	2	39	4,541.64	116.45	.513	2270.82	59.76
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	267	692.14	2.59	3.513	62.92	9.11
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	8	73	287.78	3.94	.961	35.97	3.79
OTHER SERVICES	5	194	404.36	2.08	2.553	80.87	5.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	31	63	792.45	12.58	.829	25.56	10.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	18.85	4.71	.053	9.43	.25
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	52.52	26.26	.026	26.26	.69
SPEECH AND AUDIOLOGY	2	2	66.06	33.03	.026	33.03	.87
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	177	1,287.27	7.27	2.329	67.75	16.94
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		
@XOVER EXCLUDING STATE HOSP**	60	332 \$	5 , 998.40	\$ 18.07	4.368 \$	99.97	\$ 78.93
0* TOTALS IN THESE LINES ARE							
THE AMOUNTS ARE ALREADY IN			ABOVE.				
** THESE DATA ARE INCLUDED I							
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 17,161
MOP024	FEE-FOR-SERVICE	DENTAL					01/17/03

MOP024

YOLO COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE ----- MONTHLY AVERAGE -----

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6	43 \$	1,782.07	\$ 41.44	.000 \$	297.01	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	3	3	\$	488.07	\$ 162.69		\$ 162.69	Ś	.00
PRESCRIPTION DRUGS	3	3	Ψ	488.07	162.69	.000	162.69	Τ.	.00
SNF/ICF	3	3		488.07	162.69	.000	162.69		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	3	40	\$	1,294.00	\$ 32.35			\$.00
VISITS - DIAGNOSTIC	3	34	۲	370.00	10.88	.000	123.33	Ψ	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	2	4		800.00	200.00	.000	400.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	2		124.00	62.00	.000	124.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	O	•	DEC M	.00 ONTH-OF-PAYMENT RE				Dz	
MOP024			KES M	JNTH-OF-PAIMENT RE	EPORT FOR JAN A	2002 THRU DI	EC 2002	PA	GE 17,162
YOLO COUNTY	FEE-FOR-SERVICE	•	T IIINT	C DITND	AID CO	ODE.			01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 35 MN -	- TIM	- BLIND	AID CO			CE	
00 ELICIDIES	HCEDC	INTER OF CERTICAL	,	EVDENDIBLIDEC	ATTEDACE COCH		NTHLY AVERA		OCE DED
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
@OPTOMETRIST	0	OR DAYS OF CARE	\$.00	PER UNIT/DAY \$.00	.000	USER \$.00		LIGIBLE .00
	0		Ą					ې	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	U	•		.00	.00		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	Ċ	.00	.00	.000	.00	ċ	.00
@CHIROPRACTOR	U	0	\$.00	\$.00	.000	\$.00	\$.00

0

0

0

0

0

0

0

0

\$

\$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

\$

\$

.000

.000

.000

.000

.000

.000

.000 \$

.000 \$

.000 \$

.00

.00

.00

.00

.00

.00

.00

.00 \$

.00 \$

\$

.00

.00

.00

.00

.00

.00

.00

.00

.00

0

0

0

0

0

0

VISITS

@PODIATRIST

OTHER

OTHER SERVICES

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

MEDICINE/INJECTIONS

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	·	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN 200	02 THRU D		PAGE 17,163
MOP024	FEE-FOR-SERVICE						, -		01/17/03
YOLO COUNTY		CES FOR 35 MN -	LTNG	- BLIND		AID CODE	Ξ		- , ,
								NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST UI	NITS/DAYS	COST PER	COST PER

					MON	ITHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00 \$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER Ω 0 .00 .00 .00 .00 .00 .00 .000 .00 .00 .000 .00 .00 .00 HEROIN DETOX CLINIC 0 .00 .00 0 0 .00 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,164 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

YOLO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,165
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
YOLO COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

						MON	NTHLY AVERA	GE
12 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	324	1,568	\$	184,895.68	\$ 117.92	130.667	\$ 570.67	\$ 15407.97
@PHYSICIANS SERVICES	5	5	\$	122.91	\$ 24.58	.417	\$ 24.58	\$ 10.24
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00	
INPATIENT VISITS	1	1		37.23	37.23	.083	37.23	3.10	
HOSPITAL VISITS	0	0		8.00	.00	.000	.00	. 6	
CRITICAL CARE	0	0		.00	.00	.000	.00	.00	J
SNF/ICF/TRANS IP CARE	1	1		29.23	29.23	.083	29.23	2.4	4
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00	J
EXAMINATIONS	0	0		.00	.00	.000	.00	.00	J
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00)
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	O .
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	O .
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	O .
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	0
OUTPATIENT SURGERY	1	1		28.74	28.74	.083	28.74	2.40	
PRINCIPAL SURGEON	1	1		28.74	28.74	.083	28.74	2.40	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	Û		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		8.90	.00	.000	.00	.74	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	3	3		48.04	16.01	.250	16.01	4.00	
@PHARMACY	232	508	Ś			42.333			
•	232		Ş	67,271.47			289.96	5605.9	
PRESCRIPTION DRUGS		508		67,271.47	132.42	42.333			
SNF/ICF	152	392		50,670.28	129.26	32.667	333.36	4222.52	
OUTPATIENTS	80	116		16,601.19	143.11	9.667	207.51	1383.43	
MEDICAL SUPPLIES	0	0	_	.00	.00	.000	.00	.00	
@DENTIST	93	409	\$	15,047.93	\$ 36.79	34.083		\$ 1253.99	
VISITS - DIAGNOSTIC	82	318		4,535.93	14.26	26.500	55.32	377.99	
ORAL SURGERY	7	50		2,515.00	50.30	4.167	359.29	209.58	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	1	1		100.00	100.00	.083	100.00	8.33	
PERIODONTICS	11	19		3,800.00	200.00	1.583	345.45	316.6	7
ENDODONTICS	0	0		.00	.00	.000	.00	.00	J
RESTORATIVE DENTISTRY	5	9		557.00	61.89	.750	111.40	46.42	2
PROSTHETICS	0	0		.00	.00	.000	.00	.00	J
DENTURES, STAYPLATES	6	12		3,540.00	295.00	1.000	590.00	295.00	J
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	J
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	J
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	J
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	J
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00)
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES MONT	H-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 17,	
MOP024	FEE-FOR-SERVICE/DENTA	L						01/17	
YOLO COUNTY	SUMMARY OF SERVICES F		LTNG -	DISABLED	AID CO	ODE		- , - ,	
			-	-		MON	THLY AVERA	GE	_
12 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PE	
	OR D	AYS OF CARE		_	PER UNIT/DAY		USER	ELIGIBLE	e

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST 10 \$ 183.06 \$ 18.31 .833 \$ 45.77 \$ 15.26 DIAGNOSTIC AND ANC. PROCED 1 23.73 23.73 .083 23.73 1.98 EYE APPLIANCES 3 9 159.33 17.70 .750 53.11 13.28 .00 .00 0 0 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 \$.00 \$.00 @CHIROPRACTOR 0 0 .00 .00 .000 .00 .00 VISITS .000 0 0 .00 OTHER SERVICES .00 .00 .00 40.95 \$.250 \$ 13.65 \$ @PODIATRIST 13.65 3.41

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	40.95	13.65	.250	13.65	3.41
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		•
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	2	14 \$	2,288.81	\$ 163.49	1.167 \$		•
HOSP INPATIENT TOTAL	2	14	2,268.04	162.00	1.167	1134.02	189.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	128.26CR		.000	.00	10.69CR
ACCOMMODATIONS	0	0	128.26CR		.000	.00	10.69CR
ADMINISTRATIVE DAYS	0	0	128.26CR		.000	.00	10.69CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	14	2,396.30	171.16	1.167	1198.15	199.69
ALL OTHER INPATIENT	_	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	20.77	.00	.000	.00	1.73
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	20.77	.00	.000	.00	1.73
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0						
@COUNTY HOSPITAL TOTAL	0	0 \$ 0	.00		.000 \$.00	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		S AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 17,167
MOP024	FEE-FOR-SERVICE,						01/17/03
YOLO COUNTY	SUMMARY OF SERVI	CES FOR 36 MN - LTNG	- DISABLED	AID C			
40					MON		
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.0000000000000000000000000000000000000	^	OR DAYS OF CARE	0 000 01	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	14 \$	2,288.81	\$ 163.49		1144.41	
COMM HOSP INPATIENT TOTAL	2	14	2,268.04	162.00	1.167	1134.02	189.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	128.26CR	.00	.000	.00	10.69CR

0

128.26CR

.00

.000

.00

10.69CR

0

ACCOMMODATIONS

ADMINICED ABOVE DAVIC	0		0		128.26CF	_	.00	.000		.00		10.69CR
ADMINISTRATIVE DAYS	0		0		.00	Χ.	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0									
ANCILLARIES	0		14		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2		1 4 0		2,396.30		171.16	1.167		1198.15		199.69
ALL OTHER INPATIENT	U		•		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		20.77		.00	.000		.00		1.73
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		20.77		.00	.000		.00		1.73
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	12		0	\$	51,822.44	\$.00	.000	\$	4318.54	\$	4318.54
MENTALLY ILL	12		0		51,822.44		.00	.000		4318.54		4318.54
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	15		557	\$	47,359.90	\$	85.03	46.417	\$	3157.33	\$	3946.66
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	3		214		19,201.02		89.72	17.833		6400.34		1600.09
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	12		343		28,158.88		82.10	28.583		2346.57		2346.57
@INTERMEDIATE CARE FACILDD	0 12 0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0		0	4	.00	7	.00	.000	-	.00	7	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
BUEMODIALVETS TOTAL	0		0	Ś	.00	Ś	.00	.000	¢	.00	Ś	.00
HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY	0		0	Y	.00	٧	.00	.000	٧	.00	٧	.00
HEMODIALVEIC CENTED	0		0		.00		.00	.000		.00		.00
ADERABITATION EXCITATO	0		0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
HOSPITAL BASED	0		0	٧	.00	Y	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
	0		0	\$.00	\$.00		Ċ	.00	ċ	
@LABORATORY FACILITY	0		0	Ş	.00	Ą	.00	.000	Þ	.00	Þ	.00
PATHOLOGY	0		•									
XO AND OTHERS	U		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	U		0	\$	59.60	\$.00	.000	Ş	.00	\$	4.97
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		59.60		.00	.000		.00		4.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	-	PENDITURI	ES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	Р	AGE 17,168
MOP024	FEE-FOR-SERVICE											01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR	36 MN -	LTNG -	DISABLED		AID CC					
								M				
12 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		RAGE COST					COST PER
		OR DAYS	OF CARE				UNIT/DAY			USER		ELIGIBLE
OBTE OFFICE DESCRIPTION	0.0			<u>~</u>	COO C1	<u> </u>	11 07	E 1 C D	~	0.00	~	F 0 0 0

					MON	IUTI WATEW	GE
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	26	62	\$ 698.61	\$ 11.27	5.167 \$	26.87	\$ 58.22
DURABLE MED. EQUIP.	1	3	13.13	4.38	.250	13.13	1.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	11	30.65	2.79	.917	30.65	2.55
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	11	30.65	2.79	.917	30.65	2.55
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000		00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		00	.00
OPTICIAN	12	24	284.64	11.86	2.000	23.	72	23.72
PHYSICAL THERAPIST	0	0	.00	.00	.000		00	.00
PORTABLE X-RAY	0	0	.00	.00	.000		00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000		00	.00
PROSTHETICS	0	0	.00	.00	.000		00	.00
ORTHOTICS	0	0	.00	.00	.000		00	.00
PSYCHOLOGIST	1	1	18.98	18.98	.083	18.	98	1.58
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000		00	.00
HOSPICE SERVICES	0	0	.00	.00	.000		00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		00	.00
LOCAL EDUCATION AGENCIES	2	3	43.07	14.36	.250	21.	54	3.59
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		00	.00
ALL OTHER PROVIDERS	9	20	308.14	15.41	1.667	34.	24	25.68
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.	00	\$.00
@XOVER EXCLUDING STATE HOSP**	18	26	\$ 1,607.59	\$ 61.83	2.167	\$ 89.	31	\$ 133.97

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,169
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

							MON	ITHLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	2		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	.00	\$.00

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	'	.00	.00	.000	.00	'	.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	·	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MON	NTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU DE	C 2002	PA	GE 17,170
MOP024	FEE-FOR-SERVICE								01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 37 MN	- LTNG	- FAMILIES	DISCON'	TIN			
						MON'	THLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	E	LIGIBLE
@OPTOMETRIST	0		\$.00	\$.00	.000 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0	\$.00	Ś	.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	0	0	Υ	.00	Ψ	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00			.000	.00	.00
	0	0				.00			
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		
ALL OTHER ACCOM		0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	n		.00		.00	.000	.00	.00
ROOM USE	0	n		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITUR	RES MON		EPORT FOR				PAGE 17,171
MOP024	FEE-FOR-SERVICE		11011	TIL OF TITITION IN		01111 /	1002 IIIIO DEC	_002	01/17/03
YOLO COUNTY		ICES FOR 37 MN -	T.TNC	- FAMILIES	т	DISCON'	ГТN		01/11/03
1010 000111	COLUMN OF ORIV	TODO TOR OT PIN	שווים	1111111110	1	- 1 D C O I V .	MONTH	HIY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	AVERACE	T COST			COST PER
			_		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			L LLI	

	(OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	Ô	0	Τ	.00	Τ	.00	.000	т	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	٧	.00	Y	.00	.000	۲	.00	7	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTEL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	۲	.00	۲	.00	.000	۲	.00	۲	.00
ICF DD	0	0		.00		.00	.000		.00		
	0	0					.000				.00
ICF DDN/DDCN	0	0	Ċ	.00	Ċ	.00		ċ	.00	ċ	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	ŭ		.00		.00					.00
HEMODIALYSIS CENTER	0	0	Ċ	.00	÷	.00	.000	Ċ	.00	ċ	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	•	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	U	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00			.00		.00
	MEDI-CAL SERVICES		ES MON	ITH-OF-PAYMENT RE	EPORT	FOR JAN 2	002 THRU	DEC	2002	P	AGE 17,172
	FEE-FOR-SERVICE/DE										01/17/03
YOLO COUNTY	SUMMARY OF SERVICE	ES FOR 37 MN -	LTNG	- FAMILIES		DISCONT					
					_		M				
00 ELIGIBLES		NITS OF SERVICE		EXPENDITURES							
		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$		\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
DIOOD DINII	^	^		^ ^		0.0	000		0.0		0.0

0

BLOOD BANK

0

.00

.00

.000

.00

.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
A							

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

1020 000111	DOIMMING OF DELIC	VIOLO IOIC SO IIIDIOIILL	I MEEDI EINO				
					MOI	NTHLY AVERA	GE
88 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,202	6 , 379 \$	628,395.24	\$ 98.51	72.489	\$ 522.79	\$ 7140.86
@PHYSICIANS SERVICES	24	50 \$	543.71	\$ 10.87	.568	\$ 22.65	\$ 6.18
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	5	127.03	25.41	.057	63.52	1.44
HOSPITAL VISITS	0	0	8.00	.00	.000	.00	.09
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	5	119.03	23.81	.057	59.52	1.35
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

PAGE 17,173

01/17/03

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	1	1		28.74		28.74	.011		28.74		.33
PRINCIPAL SURGEON	1	1		28.74		28.74	.011		28.74		.33
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		8.90		.00	.000		.00		.10
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	21	44		379.04		8.61	.500		18.05		4.31
@PHARMACY	871	1,991	\$	231,151.24	\$	116.10	22.625	\$	265.39	\$	2626.72
PRESCRIPTION DRUGS	870	1,989		231,108.92		116.19	22.602		265.64		2626.24
SNF/ICF	596	1,590		165,877.04		104.33	18.068		278.32		1884.97
OUTPATIENTS	281	399		65,231.88		163.49	4.534		232.14		741.27
MEDICAL SUPPLIES	2	2		42.32		21.16	.023		21.16		.48
@DENTIST	320	1,033	\$	35,537.54	\$	34.40	11.739	\$	111.05	\$	403.84
VISITS - DIAGNOSTIC	283	820		13,405.18		16.35	9.318		47.37		152.33
ORAL SURGERY	20	89		4,262.00		47.89	1.011		213.10		48.43
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.011		100.00		1.14
PERIODONTICS	15	25		5,000.00		200.00	.284		333.33		56.82
ENDODONTICS	1	3		645.00		215.00	.034		645.00		7.33
RESTORATIVE DENTISTRY	17	37		2,025.00		54.73	.420		119.12		23.01
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	33	58		10,100.36		174.14	.659		306.07		114.78
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		S MC	ONTH-OF-PAYMENT RI	EPOR1	r for jan	2002 THRU	DEC	2002	P	AGE 17,174
MOP024	FEE-FOR-SERVICE/DENT	'AL									01/17/03

YOLO COUNTY	SUMMARY OF SERV	TCES FOR	38 MEDI	CALLY	NEEDY - LTNG			3.0	m.		~=	
00 81 1618186	HOEDO	IINITES OF	annii an			70. 7. 7.		MO			ΞĽ	
88 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST		5 (COST PER		COST PER
@OPTOMETRIST	13	OR DAIS	OF CARE	\$	563.83	\$	R UNIT/DAY 18.79	.341	ċ	USER 43.37	ċ	ELIGIBLE 6.41
DIAGNOSTIC AND ANC. PROCED	4		4	Ą	154.22	۲	38.56	.045	۲	38.56	۲	1.75
EYE APPLIANCES	10		26		409.61		15.75	.295		40.96		4.65
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	ċ	.00
VISITS	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
OTHER SERVICES	0		0				.00	.000		.00		.00
@PODIATRIST	18		18	\$.00 254.18	\$	14.12	.205	\$	14.12	ċ	2.89
MEDICINE/INJECTIONS	0		0	Ą	.00	۲	.00	.000	۲	.00	۲	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	18		18		254.18		14.12	.205		14.12		2.89
@HOME HEALTH AGENCY	0		0	\$.00	ċ	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
	0		0	\$.00	\$.00	.000	۶ \$.00	\$.00
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	· · · · · · · · · · · · · · · · · · ·		0	۶ \$.00	\$.00	.000	۶ \$.00	\$.00
	0		0	ې د		۶ \$					\$	
FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	6		40	۶ \$.00 5,643.98	۶ \$.00 141.10	.000 .455	\$ \$.00 940.66		.00 64.14
HOSP INPATIENT TOTAL	6		40	Ą	5,496.04	Ą	137.40	.455	Ą	916.01	Ą	62.46
	0		0		•		.00	.000		.00		.00
HSC HOSPITALS NON-HSC HOSPITAL TOTAL	0		0		.00 128.26CR	_	.00	.000		.00		1.46CR
ACCOMMODATIONS	0		0		128.26CF		.00			.00		1.46CR 1.46CR
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		128.26CF		.00	.000		.00		1.46CR 1.46CR
	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	6		40		5,624.30		140.61	.455		937.38		63.91
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		147.94		.00	.000		.00		1.68
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		20.77		.00	.000		.00		.24
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•		0		127.17		.00	.000		.00		1.45
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	Ċ	.00
CO HOSPITAL INPATIENT TOTAL	· · · · · · · · · · · · · · · · · · ·		0	Y	.00	٧	.00	.000	٧	.00	۲	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ROOM USE	U		U		.00		.00	.000		.00		.00

01/17/03

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

YOLO COUNTY

MOP024

YOLO COUNTY

FEE-FOR-SERVICE/DENIAL
SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG
----- MONTHLY AVERAGE -----88 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER @COMMUNITY HOSPITAL TOTAL PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE HSC HOSPITALS U

O

TRANSITIVE DAYS

TRANSITIONAL IP CARE

ALL OTHER ACCOM

ANCILLARIES

NPATIENT CROSSOVERS

LL OTHER INPATIENT

M HOSP OUTPATIENT TOTAL

DICAL

RGERY

HOLOGO 0 NON-HSC HOSPITALS TOTAL 1.46CR 1.46CR 1.46CR INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL PATHOLOGY
RADIOLOGY
ROOM USE SURGERY CROSSOVERS/ALL OTH OUTPTNT 0
@STATE HOSPITAL 15
MENTALLY ILL 14 MENTALLY ILL DEVELOP. DISABLED 1
NURSING FACILITY 81
LEV A-INTERMEDIATE 0
LEV B-REHAB MD 22 ONURSING FACILITY LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD ICF DDH @HEMODIALYSIS TOTAL 0
HOSPITAL BASED 0
GREHABILITATION FACILITY 0
HOSPITAL BASED 0
INDEPENDENT 1 @LABORATORY FACILITY @ORGANIZED OUTPATIENT CLINIC 1 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,176

							1.1	OIVI	IIIII AVIIVA	O Ei	
88 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	94	616	\$	8,149.54	\$	13.23	7.000	\$	86.70	\$	92.61
DURABLE MED. EQUIP.	3	42		4,554.77		108.45	.477		1518.26		51.76
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	12	278		722.79		2.60	3.159		60.23		8.21
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	9	84		318.43		3.79	.955		35.38		3.62
OTHER SERVICES	5	194		404.36		2.08	2.205		80.87		4.60
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	43	87		1,077.09		12.38	.989		25.05		12.24
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	2	4		18.85		4.71	.045		9.43		.21
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	3	3		71.50		23.83	.034		23.83		.81
SPEECH AND AUDIOLOGY	2	2		66.06		33.03	.023		33.03		.75
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	2	3		43.07		14.36	.034		21.54		.49
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	28	197		1,595.41		8.10	2.239		56.98		18.13
@CALIF. CHILDREN SERVICES*	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	78	358	\$	7,605.99	\$	21.25	4.068	\$	97.51	\$	86.43
0* TOTALS IN THESE LINES ARE GIVE	N AS A SEPAF	RATE INFORMATION ITE	EM ON	LY;							
THE AMOUNTS ARE ALREADY INCLUD	ED IN THE AF	PROPRIATE DETAIL L	INES A	ABOVE.							
** THESE DATA ARE INCLUDED IN TH	E APPROPRIAT	E DETAIL LINES ABOV	VE.								

----- MONTHLY AVERAGE -----

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,177 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

					MOI	NTHLY AVERA	GE	
130 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,437	7 , 135	\$ 700,593.04	\$ 98.19	54.885	\$ 487.54	\$	5389.18
@PHYSICIANS SERVICES	26	57	\$ 967.79	\$ 16.98	.438	\$ 37.22	\$	7.44
OUTPATIENT VISITS	3	4	218.62	54.66	.031	72.87		1.68
OFFICE VISITS	1	1	61.78	61.78	.008	61.78		.48
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	2	3	156.84	52.28	.023	78.42		1.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	1	4	95.85	23.96	.031	95.85		.74
HOSPITAL VISITS	0	0	4.47	.00	.000	.00		.03
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	1	4	91.38	22.85	.031	91.38		.70
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00

EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			83.77		.00	.000		.00		.64
PRINCIPAL SURGEON	0	0			83.77		.00	.000		.00		.64
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1			59.16		59.16	.008		59.16		.46
PRINCIPAL SURGEON	1	1			59.16		59.16	.008		59.16		.46
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	1	1			29.93		29.93	.008		29.93		.23
RADIOLOGY	0	0			9.71		.00	.000		.00		.07
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	22	47			470.75		10.02	.362		21.40		3.62
@PHARMACY	716	1,597	\$		177,612.45	\$	111.22	12.285	\$	248.06	\$	1366.25
PRESCRIPTION DRUGS	715	1,595			177,570.13		111.33	12.269		248.35		1365.92
SNF/ICF	450	1,205			115,865.44		96.15	9.269		257.48		891.27
OUTPATIENTS	272	390			61,704.69		158.22	3.000		226.86		474.65
MEDICAL SUPPLIES	2	2			42.32		21.16	.015		21.16		.33
@DENTIST	575	2,099	\$		104,274.91	\$	49.68	16.146	\$	181.35	\$	802.11
VISITS - DIAGNOSTIC	392	1,319			19,288.25		14.62	10.146		49.20		148.37
ORAL SURGERY	74	284			12,852.00		45.25	2.185		173.68		98.86
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	39	40			6,900.00		172.50	.308		176.92		53.08
ENDODONTICS	22	34			7,800.00		229.41	.262		354.55		60.00
RESTORATIVE DENTISTRY	99	239			23,955.00		100.23	1.838		241.97		184.27
PROSTHETICS	3	6			250.00		41.67	.046		83.33		1.92
DENTURES, STAYPLATES	80	174			33,229.66		190.98	1.338		415.37		255.61
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	3			.00		.00	.023		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-	OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 17,178
MOP024	FEE-FOR-SERVICE/DENTAL											01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	R 39 MEI	DICAL	LY NEE	DY - AGED							

							MO	NC.	THLY AVERA	GE	
130 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	1		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	16	43	\$	916.16	\$	21.31	.331	\$	57.26	\$	7.05
DIAGNOSTIC AND ANC. PROCED	8	8		367.74		45.97	.062		45.97		2.83
EYE APPLIANCES	13	35		548.42		15.67	.269		42.19		4.22
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	15	15	\$	213.23	\$	14.22	.115	\$	14.22	\$	1.64
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	15	15		213.23		14.22	.115		14.22		1.64
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	32	\$ 3 , 577.79	\$ 111.81	.246	\$ 447.22	\$ 27.52
HOSP INPATIENT TOTAL	4	26	3,228.00	124.15	.200	807.00	24.83
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	26	3,228.00	124.15	.200	807.00	24.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	6	349.79	58.30	.046	87.45	2.69
MEDICAL	0	0	61.72	.00	.000	.00	.47
SURGERY	1	1	19.24	19.24	.008	19.24	.15
PATHOLOGY	0	0	21.22	.00	.000	.00	.16
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	89.90	44.95	.015	44.95	.69
CROSSOVERS/ALL OTH OUTPINT	3	3	157.71	52.57	.023	52.57	1.21
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 17,179
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR 39 MEDICALL	Y NEEDY - AGED				

YOLO COUNTY	SUMMARY OF SER	VICES FOR 3	39 MEDI	CALLY	NEEDY - AGED							
								M	ON	THLY AVERA	GE	
130 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS (OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8		32	\$	3,577.79	\$	111.81	.246	\$	447.22	\$	27.52
COMM HOSP INPATIENT TOTAL	4		26		3,228.00		124.15	.200		807.00		24.83
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4		26		3,228.00		124.15	.200		807.00		24.83
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4		6		349.79		58.30	.046		87.45		2.69
MEDICAL	0		0		61.72		.00	.000		.00		.47
SURGERY	1		1		19.24		19.24	.008		19.24		.15
PATHOLOGY	0		0		21.22		.00	.000		.00		.16
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	2		2		89.90		44.95	.015		44.95		.69
CROSSOVERS/ALL OTH OUTPINT	3		3		157.71		52.57	.023		52.57		1.21
@STATE HOSPITAL	9		314	\$	158,476.63	\$	504.70	2.415	\$	17608.51	\$	1219.05
MENTALLY ILL	8		303		150,811.84		497.73	2.331		18851.48		1160.09
DEVELOP. DISABLED	1		11		7,664.79		696.80	.085		7664.79		58.96
@NURSING FACILITY	66	1,	, 993	\$	229,136.34	\$	114.97	15.331	\$	3471.76	\$	1762.59
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	19		580		57,523.23		99.18	4.462		3027.54		442.49
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	47	1,	,413		171,613.11		121.45	10.869		3651.34		1320.10
@INTERMEDIATE CARE FACILDD	0	·	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1		5	\$	63.91	\$	12.78	.038	\$	63.91	\$.49
PATHOLOGY	1		5	•	63.91		12.78	.038		63.91		.49
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12		18	\$	2,138.54	\$	118.81	.138	\$	178.21	\$	16.45
CLINIC	0		0		.00		.00	.000		.00		.00

.00 Ω 0 .00 .000 .00 .00 SURGICENTER .00 Ω Ο .00 HEROIN DETOX CLINIC .000 .00 .00 .138 178.21 18 2,138.54 118.81 16.45 12 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,180 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

----- MONTHLY AVERAGE -----

YOLO COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

					MOI	NTHLY AVERA	GE
130 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	196	962 \$	23,215.29	\$ 24.13	7.400	\$ 118.45	\$ 178.58
DURABLE MED. EQUIP.	2	39	4,541.64	116.45	.300	2270.82	34.94
BLOOD BANK	0	0	38.00	.00	.000	.00	.29
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	267	692.14	2.59	2.054	62.92	5.32
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	8	73	287.78	3.94	.562	35.97	2.21
OTHER SERVICES	5	194	404.36	2.08	1.492	80.87	3.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	11	156	10,591.12	67.89	1.200	962.83	81.47
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	4	11	1,211.23	110.11	.085	302.81	9.32
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	137	287	3,623.87	12.63	2.208	26.45	27.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	18.85	4.71	.031	9.43	.15
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	52.52	26.26	.015	26.26	.40
SPEECH AND AUDIOLOGY	2	2	66.06	33.03	.015	33.03	.51
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	194	2,379.86	12.27	1.492	91.53	18.31
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	70	352 \$	7,130.32	\$ 20.26	2.708	\$ 101.86	\$ 54.85
A* TOTALS IN THESE LINES ARE CIVE	N AC A CEDA	DATE THEODMATION THEM O	NT V •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,181 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

							Mo	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CAR	Ε		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	17	80	\$	2,624.98	\$	32.81	.000	\$	154.41	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
	0	0			.00		.00	.000		.00		
ANESTHESIOLOGIST	0	0			.00					.00		.00
DIALYSIS	0	0					.00	.000				.00
PATHOLOGY	U	0			.00		.00	.000		.00		.00
RADIOLOGY	U	U			.00		.00	.000		.00		.00
PSYCHIATRY	U	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	3	3	\$		488.07	\$	162.69	.000	\$	162.69	\$.00
PRESCRIPTION DRUGS	3	3			488.07		162.69	.000		162.69		.00
SNF/ICF	3	3			488.07		162.69	.000		162.69		.00
OUTPATIENTS	0	0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	11	66	\$		1,982.00	\$	30.03	.000	\$	180.18	\$.00
VISITS - DIAGNOSTIC	10	57			658.00		11.54	.000		65.80		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	4	7			1,200.00		171.43	.000		300.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2			124.00		62.00	.000		124.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	•	IRES	MONTH-OF		PORT			DEC		PΔ	GE 17,182
MOP024	FEE-FOR-SERVICE/DENTAL		1100	110111111 01		01(1	2010 01110 2002	111110	200	2002		01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	40 MED	T C 7	T.T.V NEEDV	- BLIND							01/1/00
TOTO COOMIT	DOLLINIC OF DELLATORS FOR	40 MED	L CA.	דמה ואו דריי	חוודות							

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1 3 \$ 27.75 9.25 .000 \$ 27.75 \$.00 DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 .00 EYE APPLIANCES 3 27.75 9.25 .000 27.75 .00 1 OTHER OPTOMETRIC SERVICES .000 .00 .00 .00 .00 .00 \$.00 .000 \$.00 \$.00 @CHIROPRACTOR VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON					PAGE 17,183
MOP024	FEE-FOR-SERVICE						01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 40 MEDICALLY	NEEDY - BLIND				
					MONT	HLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
A CCOMMODA ELLONG	0	0	0.0	0.0	000	0.0	0.0

ACCOMMODATIONS

.00

.00

.000

.00

.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT :	FOR JAN 2	2002 THRU	DEC 2002	PAGE	17,184
MOP024	FEE-FOR-SERVICE/DE	INTAL						0	1/17/03
YOLO COUNTY	SUMMARY OF SERVICE	S FOR 40 MEDICA	LLY NEEDY - BLIND						
						M	ONTHLY AVERA	GE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	OR DAIS OF CARE 8 \$	127.16	\$ 15.90	.000 \$	63.58 \$	-
DURABLE MED. EQUIP.	0	0 3	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
	0	0	127.16		.000		
OPTICIAN	2	8		15.90		63.58	.00
PHYSICAL THERAPIST PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	U	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,185 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

							MC)M.T.I	HLY AVERA	GE	
75 ELIGIBLES	USERS	UNITS OF SERVICE	€.	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5 (COST PER		COST PER
		OR DAYS OF CAR	€		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,408	12,072	\$	655,929.08	\$	54.33	160.960	\$	465.86	\$	8745.72
@PHYSICIANS SERVICES	31	146	\$	4,678.59	\$	32.05	1.947	\$	150.92	\$	62.38

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	7	11		487.33		44.30	.147		69.62		6.50
OFFICE VISITS	2	3		183.30		61.10	.040		91.65		2.44
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	3	3		167.04		55.68	.040		55.68		2.23
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	4	5		136.99		27.40	.067		34.25		1.83
INPATIENT VISITS	5	17		973.38		57.26	.227		194.68		12.98
HOSPITAL VISITS	3	12		457.75		38.15	.160		152.58		6.10
CRITICAL CARE	2.	4		486.40		121.60	.053		243.20		6.49
SNF/ICF/TRANS IP CARE	_ 1	1		29.23		29.23	.013		29.23		.39
OPHTHALMOLOGICAL SERVICES	Û	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	5	58		1,663.33		28.68	.773		332.67		22.18
PRINCIPAL SURGEON	3	3		767.67		255.89	.040		255.89		10.24
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	55		895.66		16.28	.733		298.55		11.94
OUTPATIENT SURGERY	2	2		67.28		33.64	.027		33.64		.90
PRINCIPAL SURGEON	2	2		67.28		33.64	.027		33.64		.90
ASSISTANT SURGEON	2	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
DIALYSIS	0	•					.000				
PATHOLOGY	7	3 35		58.55		19.52	.040		29.28		.78
RADIOLOGY	/	35		1,087.53		31.07	.467		155.36		14.50
PSYCHIATRY	0	•		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	· ·	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	14	20	_	341.19	_	17.06	.267	_	24.37	_	4.55
@PHARMACY	748	1,722	\$	337,361.84	\$	195.91	22.960	Ş		\$	4498.16
PRESCRIPTION DRUGS	746	1,719		336,963.45		196.02	22.920		451.69		4492.85
SNF/ICF	168	459		58,664.83		127.81	6.120		349.20		782.20
OUTPATIENTS	579	1,260		278,298.62		220.87	16.800		480.65		3710.65
MEDICAL SUPPLIES	3	3		398.39		132.80	.040		132.80		5.31
@DENTIST	479	2,167	\$	110,521.39	\$	51.00	28.893	\$		\$	1473.62
VISITS - DIAGNOSTIC	317	1,370		17,681.47		12.91	18.267		55.78		235.75
ORAL SURGERY	56	232		10,554.00		45.49	3.093		188.46		140.72
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	3	3		115.00		38.33	.040		38.33		1.53
PERIODONTICS	46	54		10,655.00		197.31	.720		231.63		142.07
ENDODONTICS	34	46		11,123.00		241.80	.613		327.15		148.31
RESTORATIVE DENTISTRY	121	322		39 , 264.50		121.94	4.293		324.50		523.53
PROSTHETICS	2	2		60.00		30.00	.027		30.00		.80
DENTURES, STAYPLATES	50	128		21,068.42		164.60	1.707		421.37		280.91
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	5	10		.00		.00	.133		.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITU	JRES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	1 2002 THRU	DEC 2	2002	Р	AGE 17,186
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES I	FOR 41 MEI	DICALLY	NEEDY - DISABLEI	D						

YOLO COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED
----- MONTHLY AVERAGE ----75 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

75 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	9	25 \$	505.47	\$ 20.22	.333 \$	56.16	\$ 6.74
DIAGNOSTIC AND ANC. PROCED	4	4	154.22	38.56	.053	38.56	2.06

EYE APPLIANCES	7	21		351.25	16.73	.280	50.18		4.68
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00 \$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	3	3	\$	40.95 \$	13.65	.040		\$.55
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	3	3		40.95	13.65	.040	13.65		.55
@HOME HEALTH AGENCY	0	0	\$.00 \$.00	.000		\$.00
NURSE ANESTHESIST	0	0	\$.00 \$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00 \$.000		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	۶ \$.00		•		
	0		ې د		.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	_	0	Ş	.00 \$.00	.000		\$.00
@TOTAL HOSPITAL	20	134	\$	20,006.52 \$	149.30	1.787		\$	266.75
HOSP INPATIENT TOTAL	11	87		18,660.79	214.49	1.160	1696.44		248.81
HSC HOSPITALS	1	8		12,680.00	1585.00	.107	12680.00		169.07
NON-HSC HOSPITAL TOTAL	0	0		432.15CR	.00	.000	.00		5.76CR
ACCOMMODATIONS	0	0		435.16CR	.00	.000	.00		5.80CR
ADMINISTRATIVE DAYS	0	0		510.67CR	.00	.000	.00		6.81CR
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00		1.01
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		3.01	.00	.000	.00		.04
INPATIENT CROSSOVERS	10	79		6,412.94	81.18	1.053	641.29		85.51
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	9	47		1,345.73	28.63	.627	149.53		17.94
MEDICAL	1	0		151.49	.00	.000	151.49		2.02
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	3	17		151.63	8.92	.227	50.54		2.02
RADIOLOGY	2	3		391.71	130.57	.040	195.86		5.22
ROOM USE	4	6		219.90	36.65	.080	54.98		2.93
CROSSOVERS/ALL OTH OUTPTNT	4	21		431.00	20.52	.280	107.75		5.75
@COUNTY HOSPITAL TOTAL	0	0	\$	184.68CR \$.00	.000		\$	2.46CR
CO HOSPITAL INPATIENT TOTAL	0	0	Υ	184.68CR	.00	.000	.00	Υ	2.46CR
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		184.68CR	.00	.000	.00		2.46CR
ACCOMMODATIONS	0	0		184.68CR	.00	.000	.00		2.46CR
ADMINISTRATIVE DAYS	0	0		184.68CR	.00	.000	.00		2.46CR
	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0		.00		.000	.00		.00
	0	0			.00				
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT		0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES M	ONTH-OF-PAYMENT REPORT	r for jan	2002 THRU	DEC 2002	P	AGE 17,187
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	41 MED	DICALL	Y NEEDY - DISABLED					
						N	MONTHLY AVERA	GE ·	

75 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER	UNTT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20	134	\$	20,191.20	\$	150.68	_		1009.56		269.22
COMM HOSP INPATIENT TOTAL	11	87		18,845.47		216.61	1.160		1713.22		251.27
HSC HOSPITALS	1	8		12,680.00		1585.00	.107		12680.00		169.07
NON-HSC HOSPITALS TOTAL	0	0		247.47CR		.00	.000		.00		3.30CR
ACCOMMODATIONS	0	0		250.48CR		.00	.000		.00		3.34CR
ADMINISTRATIVE DAYS	0	0		325.99CR		.00	.000		.00		4.35CR
TRANSITIONAL IP CARE	0	0		75.51		.00	.000		.00		1.01
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		3.01		.00	.000		.00		.04
INPATIENT CROSSOVERS	10	79		6,412.94		81.18	1.053		641.29		85.51
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9	47		1,345.73		28.63	.627		149.53		17.94
MEDICAL	1	0		151.49		.00	.000		151.49		2.02
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	17		151.63		8.92	.227		50.54		2.02
RADIOLOGY	2	3		391.71		130.57	.040		195.86		5.22
ROOM USE	4	6		219.90		36.65	.080		54.98		2.93
CROSSOVERS/ALL OTH OUTPTNT	12	21	ċ	431.00	ċ	20.52	.280	ċ	107.75 4318.54	ċ	5.75
@STATE HOSPITAL	12	0	\$	51,822.44 51,822.44	\$.00	.000	\$	4318.54	Þ	690.97 690.97
MENTALLY ILL DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	19	658	\$	59,040.46	\$	89.73	8.773	\$	3107.39	Ċ	787.21
LEV A-INTERMEDIATE	0	0	Y	.00	٧	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	3	214		19,201.02		89.72	2.853		6400.34		256.01
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	16	444		39,839.44		89.73	5.920		2489.97		531.19
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	3 3	7	\$	114.41	\$	16.34	.093	Ş	38.14	Ş	1.53
PATHOLOGY	3	7 0		114.41		16.34	.093		38.14		1.53
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	12	14	\$.00	\$.00 141.17	.000 .187	ċ	.00 164.69	ċ	.00 26.35
CLINIC CLINIC	2	2	Ą	1,976.32 128.64	ş	64.32	.027	Ş	64.32	Ą	1.72
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	12		1,847.68		153.97	.160		184.77		24.64
			ES N	MONTH-OF-PAYMENT RE						P	AGE 17,188
MOP024	FEE-FOR-SERVICE				1 01(1	1010 01110 2	2002 111110	DLO	2002		01/17/03
			CALI	LY NEEDY - DISABLED							01/1//00
							M	ONT	HLY AVERA	GΕ	
75 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	271	7,196	\$	69,860.69	\$	9.71	95.947	\$		\$	
DURABLE MED. EQUIP.	4	21		107.15		5.10	.280		26.79		1.43
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000		.00	.00
MEDICAL TRANSPORTATION	4	60	253.19	4.22	.800	63	.30	3.38
AMBULANCES/AIR TRANS	0	0	.00	.00	.000		.00	.00
OTHER TRANS	3	50	237.14	4.74	.667	79	.05	3.16
OTHER SERVICES	1	10	16.05	1.61	.133	16	.05	.21
ACUPUNCTURE	0	0	.00	.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	29	432	28,970.75	67.06	5.760	998	.99	386.28
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	23	406	12,834.68	31.61	5.413	558	.03	171.13
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	113	238	2,902.86	12.20	3.173	25	.69	38.70
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.027	4.5	.98	.61
PROSTHETICS	1	2	45.98	22.99	.027	4.5	.98	.61
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	2	2	65.42	32.71	.027	32	.71	.87
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000		.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	85	6,015	24,337.98	4.05	80.200	286	.33	324.51
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	10	20	342.68	17.13	.267	34	.27	4.57
@CALIF. CHILDREN SERVICES*	2	15	\$ 9.70	\$.65	.200	\$ 4	.85	\$.13
@XOVER EXCLUDING STATE HOSP**	39	61	\$ 6,201.78	\$ 101.67	.813	\$ 159	.02	\$ 82.69

 $[\]ensuremath{\text{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,189
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

						MO	ZHTNC	AVERA	GE	
21,066 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	s cos	T PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	Ţ	JSER		ELIGIBLE
@TOTAL, ALL PROVIDERS	13,901	67,064	\$	3,076,078.01	\$ 45.87	3.184	\$ 2	221.28	\$	146.02
@PHYSICIANS SERVICES	928	2,638	\$	156,154.34	\$ 59.19	.125	\$ 1	.68.27	\$	7.41
OUTPATIENT VISITS	345	622		25,441.80	40.90	.030		73.74		1.21
OFFICE VISITS	50	57		3,554.08	62.35	.003		71.08		.17
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	222	253		13,522.32	53.45	.012		60.91		.64
PREVENTIVE CARE	0	0		3.00CF	.00	.000		.00		.00
OB VISITS/COMPRE PERI	43	263		6,635.24	25.23	.012	1	54.31		.31
OTHER OUTPATIENT	38	49		1,733.16	35.37	.002		45.61		.08
INPATIENT VISITS	84	315		23,231.55	73.75	.015		276.57		1.10
HOSPITAL VISITS	71	173		8,078.50	46.70	.008		13.78		.38
CRITICAL CARE	20	142		15,153.05	106.71	.007		57.65		.72
SNF/ICF/TRANS IP CARE	0			.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	5	5		152.97	30.59	.000		30.59		.01
EXAMINATIONS	4	4		152.97	38.24	.000		38.24		.01
SERVICES AND MATERIALS	1	1		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	132	658		67,544.62	102.65	.031		11.70		3.21
PRINCIPAL SURGEON	64	92		48,195.97	523.87	.004		53.06		2.29
ASSISTANT SURGEON	17	17		3,091.22	181.84	.001		81.84		.15
ANESTHESIOLOGIST	73	549		16,257.43	29.61	.026		222.70		.77
OUTPATIENT SURGERY	58	119		6,935.32	58.28	.006		19.57		.33
PRINCIPAL SURGEON	45	55		4,975.90	90.47	.003		10.58		.24
ASSISTANT SURGEON	1	1		62.62	62.62	.000	_	62.62		.00
ANESTHESIOLOGIST	15	63		1,896.80	30.11	.003	1	26.45		.09
DIALYSIS	0	0		.00	.00	.000	_	.00		.00
PATHOLOGY	102	151		3,456.34	22.89	.007		33.89		.16
RADIOLOGY	394	637		23,443.96	36.80	.030		59.50		1.11
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	12	12		783.35	65.28	.001		65.28		.04
	73	119		5,164.43	43.40	.001		70.75		.25
OTHER SERVICES/ALL X-OVERS @PHARMACY	935		\$		\$ 48.30	.006	ċ	85.48	ċ	.25 3.79
PRESCRIPTION DRUGS	908	1,505	Ą	79,928.25 69,021.37	45.86	.079	Ą	76.01	ş	3.79
	900	1,303						.00		.00
SNF/ICF	908	•		.00	.00	.000 .071				
OUTPATIENTS	66	1,505		69,021.37	45.86		1	76.01		3.28
MEDICAL SUPPLIES	6 , 711	150	Ċ	10,906.88	72.71	.007		65.26	ċ	.52
@DENTIST		- ,	\$	1,170,950.76	\$ 35.80	1.553	<u>ک</u> ا	74.48	Þ	55.58
VISITS - DIAGNOSTIC	4,519	21,972		287,170.04	13.07	1.043		63.55		13.63
ORAL SURGERY	759 50	1,355 57		68,118.15	50.27	.064		89.75		3.23
DRUGS	5			940.00	16.49	.003		18.80		.04
ANESTHESIA		5		300.00	60.00	.000	-	60.00		.01
PERIODONTICS	352	371		62,335.00	168.02	.018		77.09		2.96
ENDODONTICS	629	1,101		185,235.50	168.24	.052		294.49		8.79
RESTORATIVE DENTISTRY	2,620	7,170		515,398.65	71.88	.340	1	.96.72		24.47
PROSTHETICS	43	48		1,100.00	22.92	.002	_	25.58		.05
DENTURES, STAYPLATES	99	346		32,080.68	92.72	.016		324.05		1.52
SPACE MAINTAINERS	48	69		5,892.74	85.40	.003	1	.22.77		.28
MAXILLOFACIAL SERVICES	7	7		400.00	57.14	.000		57.14		.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	108	174		11,680.00	67.13	.008		.08.15		.55
ALL OTHER SERVICES	24	34		300.00	8.82	.002		12.50		.01
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURE	S MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU 1	DEC 20	02	P	AGE 17,190
MOP024	FEE-FOR-SERVICE/	DENTAL								01/17/03

							M	TNC	HLY AVERA	GE	
21,066 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE]		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	26	65	\$	1,264.14	\$	19.45	.003	\$	48.62	\$.06
DIAGNOSTIC AND ANC. PROCED	9	9		427.05		47.45	.000		47.45		.02
EYE APPLIANCES	24	55		823.61		14.97	.003		34.32		.04
OTHER OPTOMETRIC SERVICES	1	1		13.48		13.48	.000		13.48		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS	0	0		.00	·	.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
MEDICINE/INJECTIONS	0	0	т	.00	Τ.	.00	.000	т	.00	Τ.	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	49	54	\$		\$	67.35	.003	Ċ	74.23	\$.17
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	ې د	.00		.00	.000		.00	- 1	.00
	0	0	ې د		\$			\$		\$	
PEDIATRIC NURSE PRACTITIONER	•	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1 222	-	ې د	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,233	8,943	Þ	1,129,980.84	\$	126.35		\$	916.45	\$	53.64
HOSP INPATIENT TOTAL	212	818		927,138.80		1133.42	.039		4373.30		44.01
HSC HOSPITALS	111	421		485,181.50		1152.45	.020		4371.00		23.03
NON-HSC HOSPITAL TOTAL	103	393		440,674.93		1121.31	.019		4278.40		20.92
ACCOMMODATIONS	103	393		148,826.93		378.69	.019		1444.92		7.06
ADMINISTRATIVE DAYS	1	8		1,677.42		209.68	.000		1677.42		.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	102	385		147,149.51		382.21	.018		1442.64		6.99
ANCILLARIES	103	0		291,848.00		.00	.000		2833.48		13.85
INPATIENT CROSSOVERS	2	4		1,282.37		320.59	.000		641.19		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,123	8 , 125		202,842.04		24.97	.386		180.63		9.63
MEDICAL	107	125		4,430.45		35.44	.006		41.41		.21
SURGERY	68	81		3 , 501.88		43.23	.004		51.50		.17
PATHOLOGY	392	1,309		14,861.70		11.35	.062		37.91		.71
RADIOLOGY	194	244		14,673.53		60.14	.012		75.64		.70
ROOM USE	826	1,514		47,698.07		31.50	.072		57.75		2.26
CROSSOVERS/ALL OTH OUTPTNT	796	4,852		117,676.41		24.25	.230		147.83		5.59
@COUNTY HOSPITAL TOTAL	4	9	\$	6 , 425.91	\$	713.99	.000	\$	1606.48	\$.31
CO HOSPITAL INPATIENT TOTAL	2	5		6 , 296.02		1259.20	.000		3148.01		.30
HSC HOSPITALS	2	5		6,296.02		1259.20	.000		3148.01		.30
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		129.89		32.47	.000		64.95		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		6.04		6.04	.000		6.04		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		35.52		35.52	.000		35.52		.00

01/17/03

MOP024 FEE-FOR-SERVICES AND EXPENDITORES MONTH-OF-PAIMENT REPORT FOR JAN 2002 THRO DEC 2002

YOLO COUNTY	SUMMARY	OF	SERVICES	FOR	42	MEDICALLY	NEEDY	- FAMILIES

YOLO COUNTY

YOLO COUNTY	SUMMARY OF SERV	ICES FOR 42 MEDICALI	I NEEDI - FAMILIE:	5			~=	
01 066 51 16151 56				311ED30E 000E		NTHLY AVERA		
21,066 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				T PER
0.000	1 000	OR DAYS OF CARE	1 100 554 00	PER UNIT/DAY	_	USER		GIBLE
@COMMUNITY HOSPITAL TOTAL	1,229	8,934 \$	1,123,554.93	\$ 125.76	.424	•		53.33
COMM HOSP INPATIENT TOTAL	210	813	920,842.78	1132.65	.039	4384.97		43.71
HSC HOSPITALS	109	416	478,885.48	1151.17	.020	4393.44		22.73
NON-HSC HOSPITALS TOTAL	103	393	440,674.93	1121.31	.019	4278.40		20.92
ACCOMMODATIONS	103	393	148,826.93	378.69	.019	1444.92		7.06
ADMINISTRATIVE DAYS	1	8	1,677.42	209.68	.000	1677.42		.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	102	385	147,149.51	382.21	.018	1442.64		6.99
ANCILLARIES	103	0	291 , 848.00	.00	.000	2833.48		13.85
INPATIENT CROSSOVERS	2	4	1,282.37	320.59	.000	641.19		.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,121	8,121	202,712.15	24.96	.386	180.83		9.62
MEDICAL	107	125	4,430.45	35.44	.006	41.41		.21
SURGERY	68	81	3,501.88	43.23	.004	51.50		.17
PATHOLOGY	391	1,308	14,855.66	11.36	.062	37.99		.71
RADIOLOGY	194	244	14,673.53	60.14	.012	75.64		.70
ROOM USE	825	1,513	47,662.55	31.50	.072	57.77		2.26
CROSSOVERS/ALL OTH OUTPINT	794	4,850	117,588.08	24.24	.230	148.10		5.58
@STATE HOSPITAL	11	355 \$	185,334.41	\$ 522.07		\$ 16848.58	\$	8.80
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	11	355	185,334.41	522.07	.017	16848.58		8.80
@NURSING FACILITY	0	0 \$.00	\$.00			Ś	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	т.	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00			\$.00
ICF DDH	0	0 3	.00	.00	.000	.00	ې	.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDD/DDCN	0	0	.00	.00	.000	.00		.00
	0	0 \$		\$.00			\$.00
@HEMODIALYSIS TOTAL	0	0 9	.00	,		.00	ې	
HOSPITAL BASED	0	0	.00	.00	.000			.00
HEMODIALYSIS CENTER	6	18 \$.00 508.21	.00 \$ 28.23	.000	.00 \$ 84.70	Ś	.00
@REHABILITATION FACILITY	6 1	18 Ş 2					Ş	.02
HOSPITAL BASED	_		136.00	68.00	.000	136.00		.01
INDEPENDENT FACILITY	5	16	372.21	23.26	.001	74.44		.02
@LABORATORY FACILITY	552	1,299 \$	19,670.40	\$ 15.14		\$ 35.63	\$.93
PATHOLOGY	552	1,299	19,670.40	15.14	.062	35.63		.93
XO AND OTHERS	0	0	.00	.00	.000	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	715	2,360 \$	145,801.87	\$ 61.78	.112	•	\$	6.92
CLINIC	349	1,848	97,007.30	52.49	.088	277.96		4.60
SURGICENTER	4	27	648.70	24.03	.001	162.18		.03
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	362	485	48,145.87	99.27	.023	133.00		2.29
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M	IONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU D	EC 2002		17,192
MOP024	FEE-FOR-SERVICE	/DENTAL					0	1/17/03

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

				MON	THLY AVERAG	臣
21.066 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UNITS/DAYS	COST PER	COST PER

21,066 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,801	16,968	\$	182,847.66		.805 \$		
DURABLE MED. EQUIP.	1,001	5CR	Ψ	699.80CR		.000	699.80CR	.03CR
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	39	474		6,127.86	12.93	.023	157.12	.29
AMBULANCES/AIR TRANS	39	474		6,127.86	12.93	.023	157.12	.29
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	252	254		20,758.00	81.72	.012	82.37	.99
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	819	1,710		16,465.47	9.63	.081	20.10	.78
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	8		946.90	118.36	.000	315.63	.04
PROSTHETICS	2	7		858.21	122.60	.000	429.11	.04
ORTHOTICS	1	1		88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	2	2		75.92	37.96	.000	37.96	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3 , 724	14,525		139,173.31	9.58	.689	37.37	6.61
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	47	261	\$	•	\$ 637.63	.012 \$		
@XOVER EXCLUDING STATE HOSP**	5	4	\$	1,358.31	\$ 339.58	.000 \$	271.66	.06

 $[\]ensuremath{\text{@}}^\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,193
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
YOLO COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

							MO	NTHLY AVERA	GE -	
21,271 ELIGIBLES	USERS	UNITS OF SE	RVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF	CARE	C		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	16,763	86,3	51	\$	4,435,225.11	\$ 51.36	4.060	\$ 264.58	\$	208.51
@PHYSICIANS SERVICES	985	2,8	41	\$	161,800.72	\$ 56.95	.134	\$ 164.26	\$	7.61
OUTPATIENT VISITS	355	63	37		26,147.75	41.05	.030	73.66		1.23
OFFICE VISITS	53	(61		3,799.16	62.28	.003	71.68		.18
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	227	2	59		13,846.20	53.46	.012	61.00		.65
PREVENTIVE CARE	0		0		3.00CR	.00	.000	.00		.00
OB VISITS/COMPRE PERI	43	2	63		6,635.24	25.23	.012	154.31		.31
OTHER OUTPATIENT	42	ļ	54		1,870.15	34.63	.003	44.53		.09
INPATIENT VISITS	90	33	36		24,300.78	72.32	.016	270.01		1.14
HOSPITAL VISITS	74	18	85		8,540.72	46.17	.009	115.42		.40
CRITICAL CARE	22	1	46		15,639.45	107.12	.007	710.88		.74
SNF/ICF/TRANS IP CARE	2		5		120.61	24.12	.000	60.31		.01
OPHTHALMOLOGICAL SERVICES	5		5		152.97	30.59	.000	30.59		.01

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SERVICES AND MATERIALS 1 1 1 0.00 0.00 0.00 0.00 0.00 1.00 1NPATIENTH NOSPITAL SURGERY 137 716 69,291.72 96.78 0.34 505.78 3.26 PRINCIPAL SURGEON 67 95 49,047.41 516.29 0.04 732.05 2.31 ASSISTANT SURGEON 17 17 3,091.22 181.84 0.01 181.84 1.5 AMESTHESIOLOGIST 76 604 17,153.09 28.40 0.28 225.70 81 0UTPATIENT SURGERY 61 122 7,061.76 57.88 0.06 115.77 3.3 16.30 2.4 ASSISTANT SURGEON 1 1 1 62.62 62 62.62 0.00 62.62 0.00 AMESTHESIOLOGIST 15 63 1.996.80 30.11 0.00 106.30 0.24 ASSISTANT SURGEON 1 1 1 62.62 62 62.62 0.00 62.62 0.00 62.62 0.00 AMESTHESIOLOGIST 15 63 1.996.80 30.11 0.00 1.00 0.00 0.00 0.00 1.00 1.	EXAMINATIONS	4	4	152.97	38.24	.000)	38.24	.01
PRINCIPAL SURGEON 67 95 49,047.41 516.29 .004 732.05 2.31 ASSISTANT SURGEON 17 17 17 3,091.22 181.84 .001 181.84 .15 ANESTHESIOLOGIST 76 604 17,153.09 28.40 .028 225.70 .01 OUTPATIENT SURGERY 61 122 7,061.76 57.88 .006 115.77 .33 PRINCIPAL SURGEON 48 58 5,102.34 87.97 .003 106.30 .24 ASSISTANT SURGEON 1 1 1 62.62 62.62 .000 62.62 .00 ANESTHESIOLOGIST 15 63 1,896.80 30.11 .003 126.45 .09 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 PAPHOLOGY 105 155 3,544.82 22.87 .007 33.76 .17 RADIOLOGY 401 672 24,541.20 36.52 .032 661.20 1.15 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 109 186 5,976.37 32.13 .009 54.83 .28 PSPHARMACY 2,402 4,977 \$ 595,390.61 \$119.63 .234 \$24.78 \$27.99 PRESCRIPTION DRUGS 2,372 4,822 584,043.02 121.12 .227 246.22 27.46 SNP/IGF 621 1,667 175,018.34 104.99 .078 281.83 8.23 OUTPATIENTS 1,759 3,155 409,024.68 129.64 .148 232.53 19.23 MEDICAL SUPPLIES 71 155 409,024.68 129.64 .148 232.53 19.23 MEDICAL SUPPLIES 71 155 11,347.59 73.21 .007 159.83 .53 PERSTRIPTION DRUGS 5,238 24,718 324,797.66 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,387.72.90 \$ 37.46 1.741 \$ 178.46 \$ 65.24 VISITS - DIAGNOSTIC 5,238 24,718 324,797.76 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,537.72.90 \$ 37.46 1.741 \$ 178.46 \$ 65.24 VISITS - DIAGNOSTIC 5,238 24,718 324,797.76 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,524.15 48.92 .088 102.95 4.30 DRUGS 685 1,811 200,415.85 .02 PERIODONTICS 685 1,811 7,733 578,742.15 74.84 364 203.71 27.21 PROSTHETICS 748 668 886,387.76 133.30 .003 37.20 4.06	SERVICES AND MATERIALS	1	1	.00	.00	.000)	.00	.00
ASSISTANT SURGEON 17 17 17 3,091.22 181.84 .001 181.84 .15 ANESTHESIOLOGIST 76 604 17,153.09 28.40 .028 225.70 .81 OUTPAITINT SURGERY 61 122 7,061.76 57.88 .006 115.77 .33 PRINCIPAL SURGEON 48 58 5,102.34 87.97 .003 106.30 .24 ASSISTANT SURGEON 1 1 1 6.62.62 62.62 .000 62.62 .00 ANESTHESIOLOGIST 15 63 1,896.80 30.11 .003 126.45 .09 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 105 155 3,544.82 22.87 .007 33.76 .17 RADIOLOGY 401 672 24,541.20 36.52 .032 61.20 1.15 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 12 12 12 783.35 65.28 .001 65.28 .04 OTHER SERVICES/ALL X-OVERS 109 186 5,976.37 32.13 .009 54.83 .28 @PHARMACY 2,402 4,977 \$ 595,390.61 \$ 119.63 .234 \$ 247.87 \$ 27.99 PRESCRIPTION DRUGS 2,372 4,822 584,043.02 121.12 .227 246.22 27.46 SNF/ICF 621 1,667 175,018.34 104.99 .078 281.83 8.23 OUTPAITENTS 1,759 3,155 409,024.68 129.64 .148 232.53 19.23 MEDICAL SUPPLIES 71 155 11,347.59 73.21 .007 159.83 5.3 @DENTIST D LAGNOSTIC 5,238 24,718 324,777.76 13.14 1.162 62.01 15.93 DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESION DRUGS 441 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 484 41 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 441 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003 29.38 .07 DENTOURES, STATYLARTES 2.96 648 86,378.76 133.30 .033 27.30 4.66	INPATIENT HOSPITAL SURGERY	137	716	69,291.72	96.78	.03	1	505.78	3.26
ANESTHESIOLOGIST 76 604 17,153.09 28,40 .028 225.70 81 OUTPATIENT SURGERY 61 122 7,061.76 57.88 .006 115.77 .33 PRINCIPAL SURGEON 48 58 5,102.34 87,97 .003 106.30 .24 ASSISTANT SURGEON 1 1 1 62.62 62.62 .000 62.62 .00 ANESTHESIOLOGIST 15 63 1,896.80 30.11 .003 126.45 .09 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 105 155 3,544.82 22.87 .007 33.76 1.7 RADIOLOGY 401 662 24,541.20 36.52 .032 61.20 1.15 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 12 12 12 783.35 65.28 .001 65.28 .04 OTHER SERVICES/ALL X-OVERS 109 186 5,976.37 32.13 .009 54.83 .28 @PHARMACY 2,402 4,977 \$ 595,390.61 \$ 119.63 .234 \$ 247.87 \$ 27.99 PRESCRIPTION DRUGS 2,372 4,822 584,043.02 121.12 .227 246.22 27.46 SNF/ICF 621 1,667 175,018.34 104.99 .078 281.83 8.23 OUTPATIENTS 1,759 3,155 409,024.68 129.64 .148 232.53 19.23 MEDICAL SUPPLIES 71 155 11,347.59 73.21 .007 159.83 .53 @DENTIST - DIAGNOSTIC 5,238 24,718 32,747.97 \$ 19.524.15 48.92 .088 102.95 4.30 DRUGS 50 57 940.00 16.49 .003 18.80 .04 PRESCRIPTION DRUGS 441 472 81,090.00 171.80 .022 183.88 3.81 PRESCRIPTICS 441 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003 29.38 .07 PRESCRIPTICS 48 56 1,410.00 25.18 .003 29.38 .07 DENDINGTES 577 668 86 86,378.76 133.00 .030 377.20 4.06	PRINCIPAL SURGEON	67	95	49,047.41	516.29	.00	1	732.05	2.31
OUTPATIENT SURGERY 61 122 7,061.76 57.88 .006 115.77 .33 PRINCIPAL SURGEON 48 58 5,102.34 87.97 .003 106.30 .24 ASSISTANT SURGEON 1 1 1 62.62 62.62 .000 62.62 .00 ANESTHESIOLOGIST 15 63 1,896.80 30.11 .003 126.45 .09 DIALYSIS 0 0 0 0.00 .00 .000 .000 .00 .000 .0	ASSISTANT SURGEON	17	17	3,091.22	181.84	.00	L	181.84	.15
PRINCIPAL SURGEON 48 58 5,102,34 87,97 .003 106,30 .24 ASSISTANT SURGEON 1 1 1 62.62 62.62 .000 62.62 .00 ANESTHESIOLOGIST 15 63 1,896,80 30.11 .003 126.45 .09 DIALYSIS 0 0 .00	ANESTHESIOLOGIST	76	604	17,153.09	28.40	.028	3	225.70	.81
ASSISTANT SURGEON ANESTHESIOLOGIST 15 63 1,896.80 30.11 .003 126.45 .09 DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUTPATIENT SURGERY	61	122	7,061.76	57.88	.00	5	115.77	.33
ANESTHESIOLOGIST 15 63 1,896.80 30.11 .003 126.45 .09 DIALYSIS 0 0 0 .00 .00 .00 .000 .00 .00 .00 PATHOLOGY 105 155 3,544.82 22.87 .007 33.76 .17 RADIOLOGY 401 672 24,541.20 36.52 .032 61.20 1.15 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 12 12 783.35 65.28 .001 65.28 .04 OTHER SERVICES/ALL X-OVERS 109 186 5,976.37 32.13 .009 54.83 .28 @PHARMACY 2,402 4,977 \$ 595,390.61 \$ 119.63 .234 \$ 247.87 \$ 27.99 PRESCRIFTION DRUGS 2,372 4,822 584,043.02 121.12 .227 246.22 27.46 SNF/ICF 621 1,667 175,018.34 104.99 .078 281.83 8.23 OUTPATIENTS 1,759 3,155 409,024.68 129.64 .148 232.53 19.23 MEDICAL SUPPLIES 71 1.55 11,347.59 73.21 .007 159.83 .53 @DENTIST 7,776 37,041 \$ 1,387,729.06 \$ 37.46 1.741 \$ 178.46 \$ 65.24 VISITS - DIAGNOSTIC 5,238 24,718 324,797.76 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,524.15 48.92 .088 102.95 4.30 DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESIA 8 8 8 415.00 51.88 .000 51.88 .02 PERIODONTICS 441 472 81,090.00 16.49 .003 18.80 .04 ANESTHESIA 8 8 8 415.00 51.88 .000 51.88 .02 PERIODONTICS 685 1,181 204,158.50 172.87 .056 298.04 9.60 RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 229 648 86,378.76 133.30 .030 29.38 .07	PRINCIPAL SURGEON	48	58	5,102.34	87.97	.003	3	106.30	.24
DIALYSIS 0 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0	ASSISTANT SURGEON	1	1	62.62	62.62	.000)	62.62	.00
PATHOLOGY 105 155 3,544.82 22.87 .007 33.76 .17 RADIOLOGY 401 672 24,541.20 36.52 .032 61.20 1.15 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 12 12 783.35 65.28 .001 65.28 .04 OTHER SERVICES/ALL X-OVERS 109 186 5,976.37 32.13 .009 54.83 .28 @PHARMACY 2,402 4,977 \$ 595,390.61 \$ 119.63 .234 \$ 247.87 \$ 27.99 PRESCRIPTION DRUGS 2,372 4,822 584,043.02 121.12 .227 246.22 27.46 SNF/ICF 62 621 1,667 175,018.34 104.99 .078 281.83 8.23 OUTPATIENTS 1,759 3,155 409,024.68 129.64 1.48 232.53 19.23 MEDICAL SUPPLIES 7,776 37,041 \$ 1,387,729.06 \$ 37.46 1.741 \$ 178.46 \$ 65.24 VISITS - DIAGNOSTIC 5,238 24,718 324,797.76 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,524.15 48.92 .088 102.95 4.30 DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESIA 8 8 8 415.00 51.88 .000 51.88 .02 PERIODONTICS 441 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 685 1,181 204,158.50 172.87 .056 298.04 9.60 RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003 29.38 .07 DENTURES, STAYPLATES 229 648 86,378.76 133.30 .030 377.20 4.06	ANESTHESIOLOGIST	15	63	1,896.80	30.11	.003	3	126.45	.09
RADIOLOGY 401 672 24,541.20 36.52 .032 61.20 1.15 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	DIALYSIS	0	0	.00	.00	.000)	.00	.00
PSYCHIATRY 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 12 12 783.35 65.28 .001 65.28 .04 OTHER SERVICES/ALL X-OVERS 109 186 5,976.37 32.13 .009 54.83 .28 GPHARMACY 2,402 4,977 \$ 595,390.61 \$ 119.63 .234 \$ 247.87 \$ 27.99 PRESCRIPTION DRUGS 2,372 4,822 584,043.02 121.12 .227 246.22 27.46 SNF/ICF 621 1,667 175,018.34 104.99 .078 281.83 8.23 OUTPATIENTS 1,759 3,155 409,024.68 129.64 .148 232.53 19.23 MEDICAL SUPPLIES 71 155 11,347.59 73.21 .007 159.83 .53 GDENTIST 7,776 37,041 \$ 1,387,729.06 \$ 37.46 1.741 \$ 178.46 \$ 65.24 VISITS - DIAGNOSTIC 5,238 24,718 324,797.76 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,524.15 48.92 .088 102.95 4.30 DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESIA 8 8 415.00 51.88 .000 51.88 .02 PERIODONTICS 441 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 685 1,181 204,158.50 172.87 .056 298.04 9.60 RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003 293.8 .07 DENTURES, STAYPLATES 229 648 86,378.76 133.30 .030 377.20 4.06	PATHOLOGY	105	155	3,544.82	22.87	.00	7	33.76	.17
IMMUNIZATION AND INJECTION 12 12 783.35 65.28 .001 65.28 .04 OTHER SERVICES/ALL X-OVERS 109 186 5,976.37 32.13 .009 54.83 .28 GPHARMACY 2,402 4,977 5,95,390.61 119.63 .234 247.87 27.99 PRESCRIFTION DRUGS 2,372 4,822 584,043.02 121.12 .227 246.22 27.46 SNF/ICF 621 1,667 175,018.34 104.99 .078 281.83 8.23 OUTPATIENTS 1,759 3,155 409,024.68 129.64 .148 232.53 19.23 MEDICAL SUPPLIES 71 155 11,347.59 73.21 .007 159.83 .53 GDENTIST 7,776 37,041 1,887,729.06 37.46 1.741 178.46 65.24 VISITS - DIAGNOSTIC 5,238 24,718 324,797.76 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,524.15 48.92 .088 102.95 4.30 DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESIA 8 8 415.00 51.88 .000 51.88 .02 PERIODONTICS 441 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 685 1,181 204,158.50 172.87 .056 298.04 9.60 RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003 29.38 .07 DENTURES, STAYPLATES 229 648 86,378.76 133.30 .030 377.20 4.06	RADIOLOGY	401	672	24,541.20	36.52	.032	2	61.20	1.15
OTHER SERVICES/ALL X-OVERS 109 186 5,976.37 32.13 .009 54.83 .28 @PHARMACY 2,402 4,977 \$ 595,390.61 \$ 119.63 .234 \$ 247.87 \$ 27.99 PRESCRIPTION DRUGS 2,372 4,822 584,043.02 121.12 .227 246.22 27.46 SNF/ICF 621 1,667 175,018.34 104.99 .078 281.83 8.23 OUTPATIENTS 1,759 3,155 409,024.68 129.64 .148 232.53 19.23 MEDICAL SUPPLIES 71 155 11,347.59 73.21 .007 159.83 .53 @DENTIST 7,776 37,041 \$ 1,387,729.06 \$ 37.46 1.741 \$ 178.46 \$ 65.24 VISITS - DIAGNOSTIC 5,238 24,718 324,797.76 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,524.15 48.92 .088 102.95 4.30 DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESIA 8 8 415.00 51.88 .000 51.88 .02 PERIODONTICS 441 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 665 1,181 204,158.50 172.87 .056 298.04 9.60 RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003 29.38 .07 DENTURES, STAYPLATES 229 648 86,378.76 133.30 .030 377.20 4.06	PSYCHIATRY	0	0	.00	.00	.000)	.00	.00
@PHARMACY 2,402 4,977 \$ 595,390.61 \$ 119.63 .234 \$ 247.87 \$ 27.99 PRESCRIPTION DRUGS 2,372 4,822 584,043.02 121.12 .227 246.22 27.46 SNF/ICF 621 1,667 175,018.34 104.99 .078 281.83 8.23 OUTPATIENTS 1,759 3,155 409,024.68 129.64 .148 232.53 19.23 MEDICAL SUPPLIES 71 155 11,347.59 73.21 .007 159.83 .53 @DENTIST 7,776 37,041 \$ 1,387,729.06 \$ 37.46 1.741 \$ 178.46 \$ 65.24 VISITS - DIAGNOSTIC 5,238 24,718 324,797.76 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,524.15 48.92 .088 102.95 4.30 DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESIA 8 8 415.00 51.8	IMMUNIZATION AND INJECTION	12	12	783.35	65.28	.00	L	65.28	.04
PRESCRIPTION DRUGS 2,372 4,822 584,043.02 121.12 .227 246.22 27.46 SNF/ICF 621 1,667 175,018.34 104.99 .078 281.83 8.23 OUTPATIENTS 1,759 3,155 409,024.68 129.64 .148 232.53 19.23 MEDICAL SUPPLIES 71 155 11,347.59 73.21 .007 159.83 .53 @DENTIST 7,776 37,041 \$ 1,387,729.06 \$ 37.46 1.741 \$ 178.46 \$ 65.24 VISITS - DIAGNOSTIC 5,238 24,718 324,797.76 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,524.15 48.92 .088 102.95 4.30 DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESIA 8 8 415.00 51.88 .000 51.88 .02 PERIODONTICS 685 1,181 204,158.50 172.87	OTHER SERVICES/ALL X-OVERS	109		5,976.37	32.13	.00	9	54.83	.28
SNF/ICF 621 1,667 175,018.34 104.99 .078 281.83 8.23 OUTPATIENTS 1,759 3,155 409,024.68 129.64 .148 232.53 19.23 MEDICAL SUPPLIES 71 155 11,347.59 73.21 .007 159.83 .53 QDENTIST 7,776 37,041 \$ 1,387,729.06 \$ 37.46 1.741 \$ 178.46 \$ 65.24 VISITS - DIAGNOSTIC 5,238 24,718 324,797.76 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,524.15 48.92 .08 102.95 4.30 DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESIA 8 8 415.00 51.88 .00 51.88 .02 PERIODONTICS 441 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 685 1,181 204,158.50 172.87 .056 </td <td>@ PHARMACY</td> <td>2,402</td> <td>4,977</td> <td>\$ 595,390.61</td> <td>\$ 119.63</td> <td>.23</td> <td>1 :</td> <td>\$ 247.87</td> <td>\$ 27.99</td>	@ PHARMACY	2,402	4 , 977	\$ 595 , 390.61	\$ 119.63	.23	1 :	\$ 247.87	\$ 27.99
OUTPATIENTS 1,759 3,155 409,024.68 129.64 .148 232.53 19.23 MEDICAL SUPPLIES 71 155 11,347.59 73.21 .007 159.83 .53 @DENTIST 7,776 37,041 \$ 1,387,729.06 \$ 37.46 1.741 \$ 178.46 \$ 65.24 VISITS - DIAGNOSTIC 5,238 24,718 324,797.76 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,524.15 48.92 .088 102.95 4.30 DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESIA 8 415.00 51.88 .000 51.88 .02 PERIODONTICS 441 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 685 1,181 204,158.50 172.87 .056 298.04 9.60 RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 <td>PRESCRIPTION DRUGS</td> <td>2,372</td> <td>4,822</td> <td>584,043.02</td> <td></td> <td>.22</td> <td>7</td> <td>246.22</td> <td></td>	PRESCRIPTION DRUGS	2,372	4,822	584,043.02		.22	7	246.22	
MEDICAL SUPPLIES 71 155 11,347.59 73.21 .007 159.83 .53 @DENTIST 7,776 37,041 \$ 1,387,729.06 \$ 37.46 1.741 \$ 178.46 \$ 65.24 VISITS - DIAGNOSTIC 5,238 24,718 324,797.76 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,524.15 48.92 .088 102.95 4.30 DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESIA 8 415.00 51.88 .000 51.88 .02 PERIODONTICS 441 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 685 1,181 204,158.50 172.87 .056 298.04 9.60 RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003	SNF/ICF	621	1,667	175,018.34	104.99	.078	3	281.83	8.23
@DENTIST 7,776 37,041 \$ 1,387,729.06 \$ 37.46 1.741 \$ 178.46 \$ 65.24 VISITS - DIAGNOSTIC 5,238 24,718 324,797.76 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,524.15 48.92 .088 102.95 4.30 DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESIA 8 8 415.00 51.88 .000 51.88 .02 PERIODONTICS 441 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 685 1,181 204,158.50 172.87 .056 298.04 9.60 RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003 29.38 .07 DENTURES, STAYPLATES 229 648 86,378.76 133.30	OUTPATIENTS	1,759	3 , 155	409,024.68	129.64	.148	3	232.53	19.23
VISITS - DIAGNOSTIC 5,238 24,718 324,797.76 13.14 1.162 62.01 15.27 ORAL SURGERY 889 1,871 91,524.15 48.92 .088 102.95 4.30 DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESIA 8 8 415.00 51.88 .000 51.88 .02 PERIODONTICS 441 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 685 1,181 204,158.50 172.87 .056 298.04 9.60 RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003 29.38 .07 DENTURES, STAYPLATES 229 648 86,378.76 133.30 .030 377.20 4.06	MEDICAL SUPPLIES		155			.00	7	159.83	.53
ORAL SURGERY 889 1,871 91,524.15 48.92 .088 102.95 4.30 DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESIA 8 8 415.00 51.88 .000 51.88 .02 PERIODONTICS 441 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 685 1,181 204,158.50 172.87 .056 298.04 9.60 RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003 29.38 .07 DENTURES, STAYPLATES 229 648 86,378.76 133.30 .030 377.20 4.06	@DENTIST	7 , 776	37 , 041	\$	\$			\$ 178.46	\$
DRUGS 50 57 940.00 16.49 .003 18.80 .04 ANESTHESIA 8 8 415.00 51.88 .000 51.88 .02 PERIODONTICS 441 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 685 1,181 204,158.50 172.87 .056 298.04 9.60 RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003 29.38 .07 DENTURES, STAYPLATES 229 648 86,378.76 133.30 .030 377.20 4.06	VISITS - DIAGNOSTIC	5,238	24,718	324 , 797.76		1.162	2	62.01	15.27
ANESTHESIA 8 8 415.00 51.88 .000 51.88 .02 PERIODONTICS 441 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 685 1,181 204,158.50 172.87 .056 298.04 9.60 RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003 29.38 .07 DENTURES, STAYPLATES 229 648 86,378.76 133.30 .030 377.20 4.06	ORAL SURGERY	889	1,871	91,524.15	48.92	.088	3	102.95	4.30
PERIODONTICS 441 472 81,090.00 171.80 .022 183.88 3.81 ENDODONTICS 685 1,181 204,158.50 172.87 .056 298.04 9.60 RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003 29.38 .07 DENTURES, STAYPLATES 229 648 86,378.76 133.30 .030 377.20 4.06	DRUGS	50	57	940.00		.003	3	18.80	.04
ENDODONTICS 685 1,181 204,158.50 172.87 .056 298.04 9.60 RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003 29.38 .07 DENTURES, STAYPLATES 229 648 86,378.76 133.30 .030 377.20 4.06	ANESTHESIA	8	8	415.00	51.88	.000)	51.88	.02
RESTORATIVE DENTISTRY 2,841 7,733 578,742.15 74.84 .364 203.71 27.21 PROSTHETICS 48 56 1,410.00 25.18 .003 29.38 .07 DENTURES, STAYPLATES 229 648 86,378.76 133.30 .030 377.20 4.06	PERIODONTICS	441	472	81,090.00	171.80	.022	2	183.88	3.81
PROSTHETICS 48 56 1,410.00 25.18 .003 29.38 .07 DENTURES, STAYPLATES 229 648 86,378.76 133.30 .030 377.20 4.06	ENDODONTICS	685	1,181	204,158.50	172.87	.05	5	298.04	9.60
DENTURES, STAYPLATES 229 648 86,378.76 133.30 .030 377.20 4.06	RESTORATIVE DENTISTRY	2,841	7 , 733	•		.36	1		27.21
, ,	PROSTHETICS		56	1,410.00		.003	3		.07
SPACE MAINTAINERS 48 69 5,892.74 85.40 .003 122.77 .28	DENTURES, STAYPLATES			•					
	SPACE MAINTAINERS	48	69	5,892.74	85.40	.003	3	122.77	.28

MAXILLOFACIAL SERVICES	7	7	400.00	57.14	.000	57.14	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	113	184	11,680.00	63.48	.009	103.36	.55
ALL OTHER SERVICES	26	37	300.00	8.11	.002	11.54	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 17,194
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR 43 MEDICAL	LLY NEEDY				

IOLO COUNTI	SUMMARI OF SER	VICES FOR 43 MED.	ГСАББ	I NEEDI				_ N.T.IT		Ω.	
21 271 ELICIPIES	USERS	INTER OF CEDUTO		EADENDIMIDEC	71.7.7	ERAGE COST			HLY AVERA	(GE	COST PER
21,271 ELIGIBLES	USEKS	UNITS OF SERVICE OR DAYS OF CAR		EXPENDITURES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	52	136	\$	2,713.52	\$	19.95	.006		52.18	Ġ	.13
DIAGNOSTIC AND ANC. PROCED	21	21	Y	949.01	٧	45.19	.001	Υ	45.19	٧	.04
EYE APPLIANCES	45	114		1,751.03		15.36	.005		38.91		.08
OTHER OPTOMETRIC SERVICES	1	1		13.48		13.48	.000		13.48		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	¢	.00
VISITS	0	0	Y	.00	٧	.00	.000	Υ	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	18	18	\$	254.18	\$	14.12	.001	Ś	14.12	Ś	.01
MEDICINE/INJECTIONS	0	0	Υ	.00	۲	.00	.000	Y	.00	7	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	18	18		254.18		14.12	.001		14.12		.01
@HOME HEALTH AGENCY	49	54	\$	3,637.13	Ś	67.35		\$	74.23	\$.17
NURSE ANESTHESIST	0	0		.00	\$.00	.000	\$.00	Ś	.00
NURSE MIDWIFE	0	0	¢	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	*	0	\$ \$ \$.00	\$.00	.000	\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	1,261	9,109	\$	1,153,565.15	¢	126.64	.428	Ś	914.80		54.23
HOSP INPATIENT TOTAL	227	931	Y	949,027.59	٧	1019.36	.044	Υ	4180.74	Y	44.62
HSC HOSPITALS	112	429		497,861.50		1160.52	.020		4445.19		23.41
NON-HSC HOSPITAL TOTAL	103	393		440,242.78		1120.21	.018		4274.20		20.70
ACCOMMODATIONS	103	393		148,391.77		377.59	.018		1440.70		6.98
ADMINISTRATIVE DAYS	1	8		1,166.75		145.84	.000		1166.75		.05
TRANSITIONAL IP CARE	0	0		75.51		.00	.000		.00		.00
ALL OTHER ACCOM	102	385		147,149.51		382.21	.018		1442.64		6.92
ANCILLARIES	103	0		291,851.01		.00	.000		2833.50		13.72
INPATIENT CROSSOVERS	16	109		10,923.31		100.21	.005		682.71		.51
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,136	8,178		204,537.56		25.01	.384		180.05		9.62
MEDICAL	108	125		4,643.66		37.15	.006		43.00		.22
SURGERY	69	82		3,521.12		42.94	.004		51.03		.17
PATHOLOGY	395	1,326		15,034.55		11.34	.062		38.06		.71
RADIOLOGY	196	247		15,065.24		60.99	.012		76.86		.71
ROOM USE	832	1,522		48,007.87		31.54	.072		57.70		2.26
CROSSOVERS/ALL OTH OUTPTNT		4,876		118,265.12		24.25	.229		147.28		5.56
@COUNTY HOSPITAL TOTAL	4	9	\$	6,241.23	\$	693.47	.000	Ś	1560.31	Ś	.29
CO HOSPITAL INPATIENT TOTAL	2	5		6,111.34	'	1222.27	.000		3055.67		.29
HSC HOSPITALS	2	5		6,296.02		1259.20	.000		3148.01		.30
NON-HSC HOSPITALS TOTAL	0	0		184.68CF	3	.00	.000		.00		.01CR
ACCOMMODATIONS	0	0		184.68CF		.00	.000		.00		.01CR
ADMINISTRATIVE DAYS	0	0		184.68CF		.00	.000		.00		.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ö	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	2	4	129.89	32.47	.000	64.95	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	6.04	6.04	.000	6.04	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.52	35.52	.000	35.52	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	88.33	44.17	.000	44.17	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 17,195
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES F	OR 43 MEDICA:	LLY NEEDY				
					MONT	יעבטיייע אינוי	~₽

YOLO COUNTY	SUMMARY OF SER	VICES FOR 43 MED	CALL	Y NEEDY					01,11,00
						MC	NTHLY AVERA	ΔGE	
21,271 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			COST PER		COST PER
		OR DAYS OF CARE			R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,257	9,100	\$	1,147,323.92	\$ 126.08		\$ 912.75	\$	53.94
COMM HOSP INPATIENT TOTAL	225	926		942,916.25	1018.27	.044	4190.74		44.33
HSC HOSPITALS	110	424		491,565.48	1159.35	.020	4468.78		23.11
NON-HSC HOSPITALS TOTAL	103	393		440,427.46	1120.68	.018	4275.99		20.71
ACCOMMODATIONS	103	393		148,576.45	378.06	.018	1442.49		6.98
ADMINISTRATIVE DAYS	1	8		1,351.43	168.93	.000	1351.43		.06
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00		.00
ALL OTHER ACCOM	102	385		147,149.51	382.21	.018	1442.64		6.92
ANCILLARIES	103	0		291,851.01	.00	.000	2833.50		13.72
INPATIENT CROSSOVERS	16	109		10,923.31	100.21	.005	682.71		.51
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,134	8,174		204,407.67	25.01	.384	180.25		9.61
MEDICAL	108	125		4,643.66	37.15	.006	43.00		.22
SURGERY	69	82		3,521.12	42.94	.004	51.03		.17
PATHOLOGY	394	1,325		15,028.51	11.34	.062	38.14		.71
RADIOLOGY	196	247		15,065.24	60.99	.012	76.86		.71
ROOM USE	831	1,521		47,972.35	31.54	.072	57.73		2.26
CROSSOVERS/ALL OTH OUTPINT		4,874		118,176.79	24.25	.229	147.54		5.56
@STATE HOSPITAL	32	669	\$	395,633.48	\$ 591.38	.031	\$ 12363.55	\$	18.60
MENTALLY ILL	20	303		202,634.28	668.76	.014	10131.71		9.53
DEVELOP. DISABLED	12 85	366		192,999.20	527.32	.017	16083.27		9.07
@NURSING FACILITY		2,651	\$	288,176.80	\$ 108.70	.125	\$ 3390.32	\$	13.55
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	22	794		76,724.25	96.63	.037	3487.47		3.61
LEV B-SUBACUTE FREESTANDING		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	63	1,857		211,452.55	113.87	.087	3356.39		9.94
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	6	18	\$	508.21	\$ 28.23	.001		\$.02
HOSPITAL BASED	1	2		136.00	68.00	.000	136.00		.01
INDEPENDENT FACILITY	5	16		372.21	23.26	.001	74.44		.02
@LABORATORY FACILITY	556	1,311	\$	19,848.72	\$ 15.14	.062	\$ 35.70	\$.93
PATHOLOGY	556	1,311		19,848.72	15.14	.062	35.70		.93
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	739	2,392	\$	149,916.73	\$ 62.67	.112	\$ 202.86	\$	7.05
CLINIC	351	1,850		97,135.94	52.51	.087	276.74		4.57

SURGICENTER 4 27 648.70 24.03 .001 162.18 .03
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 384 515 52,132.09 101.23 .024 135.76 2.45
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,196
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

----- MONTHLY AVERAGE -----

----- MONTHLY AVERAGE -----

						MC	NTHLY AVERA	GE
21,271 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	5 , 270	25 , 134	\$	276,050.80	\$ 10.98	1.182	\$ 52.38	\$ 12.98
DURABLE MED. EQUIP.	7	55		3,948.99	71.80	.003	564.14	.19
BLOOD BANK	0	0		38.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	54	801		7,073.19	8.83	.038	130.99	.33
AMBULANCES/AIR TRANS	39	474		6,127.86	12.93	.022	157.12	.29
OTHER TRANS	11	123		524.92	4.27	.006	47.72	.02
OTHER SERVICES	6	204		420.41	2.06	.010	70.07	.02
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	40	588		39,561.87	67.28	.028	989.05	1.86
GENETIC DISEASE TESTING	252	254		20,758.00	81.72	.012	82.37	.98
IHMC, MODEL-NF, NF, AIDS, MSSP	27	417		14,045.91	33.68	.020	520.22	.66
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,071	2,243		23,119.36	10.31	.105	21.59	1.09
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4		18.85	4.71	.000	9.43	.00
PROSTHETIST/ORTHOTISTS	4	10		992.88	99.29	.000	248.22	.05
PROSTHETICS	3	9		904.19	100.47	.000	301.40	.04
ORTHOTICS	1	1		88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	6	6		193.86	32.31	.000	32.31	.01
SPEECH AND AUDIOLOGY	2	2		66.06	33.03	.000	33.03	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3 , 809	20,540		163,511.29	7.96	.966	42.93	7.69
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	214		2,722.54	12.72	.010	75.63	.13
@CALIF. CHILDREN SERVICES*	49	276	\$	166,430.89	\$ 603.01	.013	\$ 3396.55	\$ 7.82
@XOVER EXCLUDING STATE HOSP**	114	417	\$	14,690.41	\$ 35.23	.020	\$ 128.86	\$.69

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,197 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

						14101	ATITUT WARIVE	.013
1,754 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,115	4,439	\$	184,765.36	\$ 41.62	2.531	165.71	\$ 105.34
@PHYSICIANS SERVICES	167	290	\$	9,853.52	\$ 33.98	.165	59.00	\$ 5.62
OUTPATIENT VISITS	132	162		5 , 507.88	34.00	.092	41.73	3.14
OFFICE VISITS	103	123		4,005.63	32.57	.070	38.89	2.28
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	15	15		585.06	39.00	.009	39.00	.33
PREVENTIVE CARE	1	1		65.78	65.78	.001	65.78	.04
OB VISITS/COMPRE PERI	1	2		186.79	93.40	.001	186.79	.11

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	18	21		664.62		31.65	.012		36.92		.38
INPATIENT VISITS	0	0		20.80		.00	.000		.00		.01
HOSPITAL VISITS	0	0		20.80		.00	.000		.00		.01
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	4	4		98.32		24.58	.002		24.58		.06
EXAMINATIONS	2	2		89.78		44.89	.001		44.89		.05
SERVICES AND MATERIALS	_ 2	2		8.54		4.27	.001		4.27		.00
INPATIENT HOSPITAL SURGERY	0	0		186.56		.00	.000		.00		.11
PRINCIPAL SURGEON	0	0		186.56		.00	.000		.00		.11
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	9	19		965.64		50.82	.011		107.29		.55
PRINCIPAL SURGEON	8	9		366.79		40.75	.005		45.85		.21
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	10		598.85		59.89	.006		299.43		.34
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	15	25		126.85		5.07	.014		8.46		.07
RADIOLOGY	25	35		1,501.72		42.91	.020		60.07		.86
PSYCHIATRY	1	1		32.98		32.98	.001		32.98		.02
IMMUNIZATION AND INJECTION	1	1		52.99		52.99	.001		52.99		.03
OTHER SERVICES/ALL X-OVERS	26	43		1,359.78		31.62	.025		52.30		.78
@PHARMACY	398	1,024	\$	78,270.53	\$	76.44	.584	\$	196.66	\$	44.62
PRESCRIPTION DRUGS	395	980		76,751.14		78.32	.559		194.31		43.76
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	395	980		76,751.14		78.32	.559		194.31		43.76
MEDICAL SUPPLIES	13	44		1,519.39		34.53	.025		116.88		.87
@DENTIST	369	1,769	\$	62,280.59	\$	35.21	1.009	\$	168.78	\$	35.51
VISITS - DIAGNOSTIC	254	1,215		17,593.50		14.48	.693		69.27		10.03
ORAL SURGERY	46	81		6,246.00		77.11	.046		135.78		3.56
DRUGS	4	4		75.00		18.75	.002		18.75		.04
ANESTHESIA	2	2		200.00		100.00	.001		100.00		.11
PERIODONTICS	11	11		1,855.00		168.64	.006		168.64		1.06
ENDODONTICS	30	54		10,926.00		202.33	.031		364.20		6.23
RESTORATIVE DENTISTRY	128	380		23,853.00		62.77	.217		186.35		13.60
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.02
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	3	3		431.00		143.67	.002		143.67		.25
MAXILLOFACIAL SERVICES	1	1		126.09		126.09	.001		126.09		.07
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	11	16		945.00		59.06	.009		85.91		.54
ALL OTHER SERVICES	1	1		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	JRES	MONTH-OF-PAYMENT RI	EPORT	r for jan 2	2002 THRU	DEC	2002	P	AGE 17,198
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03

----- MONTHLY AVERAGE -----1,754 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 10 22 \$ 536.96 \$ 24.41 .013 \$ 53.70 \$.31 DIAGNOSTIC AND ANC. PROCED 8 8 344.02 43.00 .005 43.00 .20 EYE APPLIANCES 5 14 192.94 13.78 .008 38.59 .11 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .000 .01 20.90 \$ 10.45 .001 \$ 20.90 \$ @CHIROPRACTOR 10.45 20.90 VISITS .001 20.90 .01 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$ @PODIATRIST .00 .000 \$.00 \$.00

YOLO COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	74	243	\$	9,011.93	\$	37.09	.139	\$	121.78	\$ 5.14
HOSP INPATIENT TOTAL	1	3		1,575.02		525.01	.002		1575.02	.90
HSC HOSPITALS	1	3		1,575.02		525.01	.002		1575.02	.90
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	73	240		7,436.91		30.99	.137		101.88	4.24
MEDICAL	20	23		1,139.30		49.53	.013		56.97	.65
SURGERY	8	8		441.58		55.20	.005		55.20	.25
PATHOLOGY	32	102		1,001.51		9.82	.058		31.30	.57
RADIOLOGY	17	17		2,021.68		118.92	.010		118.92	1.15
ROOM USE	48	61		2,313.86		37.93	.035		48.21	1.32
CROSSOVERS/ALL OTH OUTPINT	18	29		518.98		17.90	.017		28.83	.30
@COUNTY HOSPITAL TOTAL	2	5	\$	177.88	\$	35.58	.003	\$	88.94	\$.10
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	·	.00	.000	·	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	Ō	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
	· ·	ů.		• • • •		• • • •	• • • •		• • • •	• • • •

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	177.88	35.58	.003	88.94	.10
MEDICAL	1	1	61.75	61.75	.001	61.75	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	8.39	.00	.000	.00	.00
RADIOLOGY	1	1	24.10	24.10	.001	24.10	.01
ROOM USE	2	2	67.02	33.51	.001	33.51	.04
CROSSOVERS/ALL OTH OUTPINT	1	1	16.62	16.62	.001	16.62	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 17,199
MOP024	FEE-FOR-SERVICE/DENTA	.L					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES F	OR 44 MIC - 1	NO SOC 03 04 2A 45 4A 4K	4M 5K 71	1 82		

----- MONTHLY AVERAGE -----

1,754 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST			COST PER USER		COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	72	238	\$	8,834.05	\$	37.12	_		122.70		-
COMM HOSP INPATIENT TOTAL	1	3	۲	1,575.02	Y	525.01	.002	Y	1575.02	Y	.90
HSC HOSPITALS	1	J		1,575.02		525.01	.002		1575.02		.90
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	71	235		7,259.03		30.89	.134		102.24		4.14
MEDICAL	19	22		1,077.55		48.98	.013		56.71		.61
SURGERY	8	8		441.58		55.20	.005		55.20		.25
PATHOLOGY	32	102		993.12		9.74	.058		31.04		.57
RADIOLOGY	16	16				124.85	.009		124.85		1.14
ROOM USE	46	59		2,246.84		38.08	.034		48.84		1.28
CROSSOVERS/ALL OTH OUTPINT	17	28		502.36		17.94	.016		29.55		.29
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	4	7	\$	373.89	\$	53.41	.004	\$	93.47	\$.21
HOSPITAL BASED	4	7		373.89		53.41	.004		93.47		.21

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	22	58 \$	724.19	\$	12.49	.033	32.92	\$.41
PATHOLOGY	22	58	724.19		12.49	.033	32.92		.41
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	56	91 \$	8,124.66	\$	89.28	.052	145.08	\$	4.63
CLINIC	2	12	215.26		17.94	.007	107.63		.12
SURGICENTER	1	6	231.21		38.54	.003	231.21		.13
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	53	73	7,678.19		105.18	.042	144.87		4.38
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU DE	C 2002	PAG	E 17,200
MOP024	FEE-FOR-SERVICE/DENT	AL							01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR 44 MTC - 1	NO SOC 03 04 2A 45	4A 4K	4M 5K 7	г 82			

----- MONTHLY AVERAGE -----USERS 1,754 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER | Second Park | Per Unity Day | Per Elig | User | Per Unity Day | Per Elig | User | Per Unity Day | Per Elig | User | Per Unity Day | Per Elig | User | Per Unity Day | Per Elig | User | Per Unity Day | Per Elig | User | Per Unity Day | Per Elig | User | Per Unity Day | Per Elig | User | Per Unity Day | Per Elig | User | Per Unity Day | Per Elig | User | Per Unity Day | Per Elig | User | Per Unity Day | Per Elig | User | Per Unity Day | Per Elig | User | Per Unity Day | Per OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,201 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 YOLO COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

						MO	NTHLY AVERA	GE
05 ELIGIBLES	USERS	UNITS OF SERVIC	€	EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ.		PER UNIT/D	AY PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	35	132	\$	8,498.24	\$ 64.38	26.400	\$ 242.81	\$ 1699.65
@PHYSICIANS SERVICES	3	11	\$	503.58	\$ 45.78	2,200	\$ 167.86	\$ 100.72

OUTPATIENT VISITS	3	3		202.54	67.51	.600	67.51		40.51
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	2	2		175.37	87.69	.400	87.69		35.07
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	1	1		27.17	27.17	.200	27.17		5.43
INPATIENT VISITS	1	2		94.19	47.10	.400	94.19		18.84
HOSPITAL VISITS	1	2		94.19	47.10	.400	94.19		18.84
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	1	6		204.15	34.03	1.200	204.15		40.83
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		2.70	.00	.000	.00		.54
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	29	114	\$	5,645.00	\$ 49.52	22.800	\$ 194.66	\$	1129.00
VISITS - DIAGNOSTIC	23	50		160.00	3.20	10.000	6.96		32.00
ORAL SURGERY	2	2		.00	.00	.400	.00		.00
DRUGS	1	1		.00	.00	.200	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	2	7		1,652.00	236.00	1.400	826.00		330.40
RESTORATIVE DENTISTRY	10	50		3,833.00	76.66	10.000	383.30		766.60
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	2	4		.00	.00	.800	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES M	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU I	DEC 2002	P	PAGE 17,202
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 45 MIC	: - SC	OC .	AID (CODE			
						MO	ONTHLY AVERA	١GE	
05 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
_		OR DAYS OF CAF			PER UNIT/DAY				ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	•	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

EYE APPLIANCES	0	0	.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	0	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00		.00		\$.00	\$.00
NURSE ANESTHESIST	0		\$.00		.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		\$.00		.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00		.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00		.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	•	\$ 2,308.05		577.01	.800	\$ 1154.03	\$	461.61
HOSP INPATIENT TOTAL	1	2	2,226.00		113.00	.400	2226.00	Y	445.20
HSC HOSPITALS	1	2	2,226.00		113.00	.400	2226.00		445.20
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00		.00
	0	0	.00		.00		.00		.00
ACCOMMODATIONS	0	0				.000			
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE		0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1	2	82.05		41.03	.400	82.05		16.41
MEDICAL	0	0	3.30		.00	.000	.00		.66
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	1	1	65.89)	65.89	.200	65.89		13.18
ROOM USE	1	1	3.66	,	3.66	.200	3.66		.73
CROSSOVERS/ALL OTH OUTPINT	0	0	9.20		.00	.000	.00		1.84
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
	0	0	.00			.000			.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•	O ANID EADERDIES OF					.00	יי רו	
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	VELOKI	LOK JAN	ZUUZ THKU I	7EC 2002	P.F	AGE 17,203
MOP024	FEE-FOR-SERVICE		202		710 0	CODE			01/17/03
YOLO COUNTY	SUMMAKI OF SERV.	ICES FOR 45 MIC -	SUC		AID C		י בי בונות אי דווותואר	CE	
OF ELECTRIES	IIGEDG	INTER OF CERTICE	EADEMPIERO	ת בחד ז ת	ACE COCE		ONTHLY AVERA		
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	. UNITS/DAYS	S COST PER	(COST PER

		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	El	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	4	\$	2,308.05	\$ 577.01	.800	\$ 1154.03	\$	461.61
COMM HOSP INPATIENT TOTAL	1	2		2,226.00	1113.00	.400	2226.00		445.20
HSC HOSPITALS	1	2		2,226.00	1113.00	.400	2226.00		445.20
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1	2		82.05	41.03	.400	82.05		16.41
MEDICAL	0	0		3.30	.00	.000	.00		.66
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	1	1		65.89	65.89	.200	65.89		13.18
ROOM USE	1	1		3.66	3.66	.200	3.66		.73
CROSSOVERS/ALL OTH OUTPINT	0	0		9.20	.00	.000	.00		1.84
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	•	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN 0 0 .00 .00 .00 .00	.00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 \$.00	\$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
HEMODIALYSIS CENTER 0 0 .00 .00 .00 .00 .00	.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 .000 \$.00	\$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00	.00
@LABORATORY FACILITY 1 1 \$ 24.97 \$ 24.97 .200 \$ 24.97	\$ 4.99
PATHOLOGY 1 1 24.97 24.97 .200 24.97	4.99
XO AND OTHERS 0 0 .00 .00 .00 .00 .00	.00
@ORGANIZED OUTPATIENT CLINIC 0 0 \$.00 \$.00 \$.00	\$.00
CLINIC 0 0 .00 .00 .00 .00 .00	.00
SURGICENTER 0 0 .00 .00 .00 .00 .00	.00
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00	.00
RURAL HEALTH CLINIC 0 0 .00 .00 .00 .00 .00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 17,204
MOP024 FEE-FOR-SERVICE/DENTAL	01/17/03
YOLO COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE	

----- MONTHLY AVERAGE -----05 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 1 2 16.64 8.32 .400 \$ 16.64 \$ 3.33 DURABLE MED. EQUIP. .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 HEARING AID DISPENSERS .00 .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 .000 .00 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .000 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 16.64 8.32 .400 16.64 3.33 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 PSYCHOLOGIST .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .000 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .00 .00 .000 @CALIF. CHILDREN SERVICES* 2,654.34 221.20 2.400 \$ 884.78 \$ 530.87

.00

.00

.000 \$

.00 \$

0

@XOVER EXCLUDING STATE HOSP**

.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

1010 COON11	SOPERICE OF SERV	TODO TOR TO INDICINE	INDIGENI CHIEDIG	J11	MON'	THIV AMERA	TF
1,759 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
1,739 111011110	ODLIND	OR DAYS OF CARE	LAI LIVET TOTAL	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,150	4,571 \$	193,263.60	\$ 42.28	2.599 \$	168.06	
@PHYSICIANS SERVICES	170	301 \$	10,357.10	\$ 34.41	.171 \$		
OUTPATIENT VISITS	135	165	5,710.42	34.61	.094	42.30	3.25
	103	123		32.57	.070	38.89	2.28
OFFICE VISITS			4,005.63				
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	17	17	760.43	44.73	.010	44.73	.43
PREVENTIVE CARE	1	1	65.78	65.78	.001	65.78	.04
OB VISITS/COMPRE PERI	1	2	186.79	93.40	.001	186.79	.11
OTHER OUTPATIENT	19	22	691.79	31.45	.013	36.41	.39
INPATIENT VISITS	1	2	114.99	57.50	.001	114.99	.07
HOSPITAL VISITS	1	2	114.99	57.50	.001	114.99	.07
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	98.32	24.58	.002	24.58	.06
EXAMINATIONS	2	2	89.78	44.89	.001	44.89	.05
SERVICES AND MATERIALS	2	2	8.54	4.27	.001	4.27	.00
INPATIENT HOSPITAL SURGERY	0	0	186.56	.00	.000	.00	.11
PRINCIPAL SURGEON	0	0	186.56	.00	.000	.00	.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	9	19	965.64	50.82	.011	107.29	.55
PRINCIPAL SURGEON	Q	9	366.79	40.75	.005	45.85	.21
	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON ANESTHESIOLOGIST	2	10	598.85	59.89	.006	299.43	.34
DIALYSIS	0	0		.00	.000		.00
	15	25	.00			.00	
PATHOLOGY	26		126.85	5.07	.014	8.46	.07
RADIOLOGY		41	1,705.87	41.61	.023	65.61	.97
PSYCHIATRY	1	1	32.98	32.98	.001	32.98	.02
IMMUNIZATION AND INJECTION	1	1	52.99	52.99	.001	52.99	.03
OTHER SERVICES/ALL X-OVERS	26	43	1,362.48	31.69	.024	52.40	.77
@PHARMACY	398	1,024 \$.,	\$ 76.44	.582 \$		
PRESCRIPTION DRUGS	395	980	76 , 751.14	78.32	.557	194.31	43.63
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	395	980	76 , 751.14	78.32	.557	194.31	43.63
MEDICAL SUPPLIES	13	4 4	1,519.39	34.53	.025	116.88	.86
@DENTIST	398	1,883 \$	67 , 925.59	\$ 36.07	1.070 \$	170.67	\$ 38.62
VISITS - DIAGNOSTIC	277	1,265	17,753.50	14.03	.719	64.09	10.09
ORAL SURGERY	48	83	6,246.00	75.25	.047	130.13	3.55
DRUGS	5	5	75.00	15.00	.003	15.00	.04
ANESTHESIA	2	2	200.00	100.00	.001	100.00	.11
PERIODONTICS	11	11	1,855.00	168.64	.006	168.64	1.05
ENDODONTICS	32	61	12,578.00	206.20	.035	393.06	7.15
RESTORATIVE DENTISTRY	138	430	27,686.00	64.39	.244	200.62	15.74
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	3	431.00	143.67	.002	143.67	.25
MAXILLOFACIAL SERVICES	1	1	126.09	126.09	.001	126.09	.07
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	11	16	945.00	59.06	.009	85.91	.54
		16 5					
ALL OTHER SERVICES	MEDI CAI CEDVIC		.00.	.00	.003	.00.	.00
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	ES AND EXPENDITURES MO	NID-OL-PAIMENT KE	LEORI FOR JAN 2	ZUUZ IRKU DE	2002	PAGE 17,206 01/17/03
MIO ピロス 4		I DEIN LA L					U I / I / / U.5

FEE-FOR-SERVICE/DENTAL

01/17/03

YOLO COUNTY	SUMMARY OF SERV	ICES FOR	46 MEDIO	CALLY	INDIGENT CHILDRE	CN		3.66			~ =	
1 550								MC			GE.	
1,759 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST		3			COST PER
		OR DAYS	OF CARE	_	-0.0		R UNIT/DAY			USER	_	ELIGIBLE
@OPTOMETRIST	10		22	\$	536.96	\$	24.41	.013	Ş	53.70	Ş	.31
DIAGNOSTIC AND ANC. PROCED	8		8		344.02		43.00	.005		43.00		.20
EYE APPLIANCES	5		14		192.94		13.78	.008		38.59		.11
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	1		2	\$	20.90	\$	10.45	.001	\$	20.90	\$.01
VISITS	1		2		20.90		10.45	.001		20.90		.01
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	76		247	\$	11,319.98	\$	45.83	.140	\$	148.95	\$	6.44
HOSP INPATIENT TOTAL	2		5		3,801.02		760.20	.003		1900.51		2.16
HSC HOSPITALS	2		5		3,801.02		760.20	.003		1900.51		2.16
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	74		242		7,518.96		31.07	.138		101.61		4.27
MEDICAL	20		23		1,142.60		49.68	.013		57.13		.65
SURGERY	8		8		441.58		55.20	.005		55.20		.25
PATHOLOGY	32		102		1,001.51		9.82	.058		31.30		.57
RADIOLOGY	18		18		2,087.57		115.98	.010		115.98		1.19
ROOM USE	49		62		2,317.52		37.38	.035		47.30		1.32
CROSSOVERS/ALL OTH OUTPINT	18		29		528.18		18.21	.016		29.34		.30
@COUNTY HOSPITAL TOTAL	2		5	\$	177.88	\$	35.58	.003	\$	88.94	\$.10
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2		5		177.88		35.58	.003		88.94		.10
MEDICAL	1		1		61.75		61.75	.001		61.75		.04
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		8.39		.00	.000		.00		.00
RADIOLOGY	1		1		24.10		24.10	.001		24.10		.01
ROOM USE	2		2		67.02		33.51	.001		33.51		.04
	_		-									

01/17/03

YOLO COUNTY

MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

					MC	ONTHLY AVERA	GE
1,759 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
1, 103 221012220	00210	OR DAYS OF CARE	2111 2112 1 1 0 1 1 2 0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	74	242 \$	11,142.10	\$ 46.04	.138		
COMM HOSP INPATIENT TOTAL	2	5	3,801.02	760.20	.003	1900.51	2.16
HSC HOSPITALS	2	5	3,801.02	760.20	.003	1900.51	2.16
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0				.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	72				.000		
COMM HOSP OUTPATIENT TOTAL	. —	237	7,341.08	30.98	.135	101.96	4.17
MEDICAL	19	22	1,080.85	49.13	.013	56.89	.61
SURGERY	8	8	441.58	55.20	.005	55.20	.25
PATHOLOGY	32	102	993.12	9.74	.058	31.04	.56
RADIOLOGY	17	17	2,063.47	121.38	.010	121.38	1.17
ROOM USE	47	60	2,250.50	37.51	.034	47.88	1.28
CROSSOVERS/ALL OTH OUTPTNT	17	28	511.56	18.27	.016	30.09	.29
@STATE HOSPITAL	0	0 \$		\$.00	.000	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$		\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	4	7 \$		\$ 53.41	.004	\$ 93.47	\$.21
HOSPITAL BASED	4	7	373.89	53.41	.004	93.47	.21
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	23	59 \$		\$ 12.70	.034	\$ 32.57	
PATHOLOGY	23	59	749.16	12.70	.034	32.57	.43
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	56	91 \$		\$ 89.28		\$ 145.08	
CLINIC	2	12	215.26	17.94	.007	107.63	.12
SURGICENTER	1	6	231.21	38.54	.003	231.21	.13
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	53	73	7,678.19	105.18	.042	144.87	4.37
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT F				PAGE 17,208
MOP024	FEE-FOR-SERVICE/		FIONTH OF FAIMENT F	VELOIVI FOR OAN .	LUUZ INKU I	JEC 2002	01/17/03
1101 074	THE TOK SEKVICE/	DENTAL					01/11/03

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

1,759 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	_	USER	ELIGIBLE
@ALL OTHER PROVIDERS	216	935	\$	15,584.83	\$ 16.67	.532	\$ 72.15	\$ 8.86
DURABLE MED. EQUIP.	7	57		3 , 596.81	63.10	.032	513.83	2.04
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	10		150.15	15.02	.006	150.15	.09
AMBULANCES/AIR TRANS	1	10		150.15	15.02	.006	150.15	.09
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	22	23		2,138.00	92.96	.013	97.18	1.22
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	56	117		986.20	8.43	.067	17.61	.56
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	9			139.80	.005	629.12	.72
PROSTHETICS	2	9		1,258.23	139.80	.005	629.12	.72
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	127	716		7,041.44	9.83	.407	55.44	4.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	3		414.00	138.00	.002	138.00	.24
@CALIF. CHILDREN SERVICES*	38	158	\$	20,742.24	\$ 131.28	.090	\$ 545.85	\$ 11.79

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP** 4 6 \$ 417.07 \$ 69.51 .003 \$ 104.27 \$.24

01/17/03

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,209

MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 0 0 0 0 0 0 OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 \$.00 \$. 00 .000 \$.00 \$. 00 @TOTAL, ALL PROVIDERS .00 \$ @PHYSICIANS SERVICES 0 .00 .000 \$.00 \$. 00 .00 OUTPATIENT VISITS . 00 . 00 .00 OFFICE VISITS .00 .00 .00 HOME VISITS EMERGENCY ROOM .00 .00 .00 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI .00 .00 .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 INPATIENT VISITS HOSPITAL VISITS . 00 . 00 .00 CRITICAL CARE .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .00 EXAMINATIONS .00 .00 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 PRINCIPAL SURGEON . 00 . 00 .00 .00 .000 . 00 ASSISTANT SURGEON . 00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .000 .00 OUTPATIENT SURGERY .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 DIALYSIS .00 .000 .00 .00 .000 .00 .00 . 00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .00 .000 .00 PSYCHIATRY IMMUNIZATION AND INJECTION .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 .00 .00 \$ 0 .00 \$ @ PHARMACY .00 .000 \$.00 .000 PRESCRIPTION DRUGS .00 .00 .00 .00 SNF/ICF .00 .00 .000 .00 .00 0 .00 . 00 .000 . 00 . 00 OUTPATIENTS .000 .00 .00 .00 . 00 MEDICAL SUPPLIES .00 \$.00 .000 \$.00 \$.00 @DENTIST .000 .00 .00 .00 VISITS - DIAGNOSTIC .00 .00 ORAL SURGERY .00 .00 .000 .00 DRUGS .00 .00 .000 .00 .00 .00 .00 .000 .00 ANESTHESIA .00 .00 .00 .000 .00 PERIODONTICS .00 .00 .00 .00 .000 .00 ENDODONTICS .00 .00 .000 .00 RESTORATIVE DENTISTRY .00 .00 .000 PROSTHETICS .00 .00 DENTURES, STAYPLATES .00 .00 SPACE MAINTAINERS .00 .00 .000 .00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 17,210
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE YOLO COUNTY

YOLO COUNTY	SUMMARY OF SER	VICES FOR 4/ MIA	- NO	SOC - AID PAID PE	SNDIN	G AID CO				~-	
00							MO				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	CC			COST PER
_		OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	Ś	.00	\$.00	.000	S	.00	Ś	.00
HOSP INPATIENT TOTAL	0	0	'	.00	'	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000				
MEDICAL	0	U		.00		.00	.000		.00		.00
SURGERY	U	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN 200	2 THRU DEC	2002	PAGE 17,211
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FO	OR 47 MIA - 1	NO SOC - AID PAID PEND	ING AID CODE			
					MONTH	111T 12 7 T T T T T T T T T T T T T T T T T T	T

YOLO COUNTY	SUMMARY OF SER	VICES FOR 47 MIA	- NO	SOC - AID PAID PI	ENDING	AID CC	DE			01/1//05
								NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000		\$.00
CLINIC	0	0		.00		.00	.000	.00		.00

Ω .00 .00 .000 .00 .00 0 SURGICENTER .00 Ω .00 .00 HEROIN DETOX CLINIC .000 .00 .00 .00 RURAL HEALTH CLINIC 0 .000 .00 0 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,212 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

						MOI	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIC	SIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00		.00
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00		.00
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	0	0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	.00	\$.00
@XOVER EXCLUDING STATE HOSP*		0	\$.00	\$.00	.000	\$.00	\$.00
A* TOTALS IN THESE LINES ARE	CITIENT AC A CEDA	ONTE THEODMATION T	TEM O	NIT V •					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

YOLO COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,213
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS 00 ELIGIBLES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 6,156.52 \$ 51.30 .000 \$ 90.54 \$.00 @TOTAL, ALL PROVIDERS 68 120 \$ 10 15 409.88 \$ 27.33 .00 @PHYSICIANS SERVICES 0 0 .00 OUTPATIENT VISITS 0 0 .00 OFFICE VISITS 0 0 .00 HOME VISITS EMERGENCY ROOM
PREVENTIVE CARE 0 0 .00 0 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	6.96		.00	.000	.00	.00
INPATIENT VISITS	0	0	.40CF	3	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.40CF	3	.00	.000	.00	.00
CRITICAL CARE	0	0	.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.00	.00
EXAMINATIONS	0	0	.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00	.00
DIALYSIS	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	10	15	384.34		25.62	.000	38.43	.00
PSYCHIATRY	0	0	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	18.98		.00	.000	.00	.00
@PHARMACY	1	3	\$ 190.39	\$	63.46	.000	\$ 190.39	\$.00
PRESCRIPTION DRUGS	1	3	190.39		63.46	.000	190.39	.00
SNF/ICF	0	0	.00		.00	.000	.00	.00
OUTPATIENTS	1	3	190.39		63.46	.000	190.39	.00
MEDICAL SUPPLIES	0	0	.00		.00	.000	.00	.00
@DENTIST	14	42	\$ 1,767.00	\$	42.07	.000	\$ 126.21	\$.00
VISITS - DIAGNOSTIC	9	23	434.00		18.87	.000	48.22	.00
ORAL SURGERY	2	5	239.00		47.80	.000	119.50	.00
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00

PERIODONTICS	1	1	200.00	200.00	.000	200.00	.00
ENDODONTICS	2	2	331.00	165.50	.000	165.50	.00
RESTORATIVE DENTISTRY	4	10	538.00	53.80	.000	134.50	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	25.00	25.00	.000	25.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	Û	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES					PAGE 17,214
MOP024	FEE-FOR-SERVICE		MONIII OF FAIMENT N	MEFORT FOR OAN 2	EUUZ IIIKU DEK	2002	01/17/03
		/DENIAL ICES FOR 48 MIA - N	IO COC DDECNIANE	ATD CC			01/1//03
YOLO COUNTY	SUMMARI OF SERV	ICES FOR 40 MIA - N	10 SOC - PREGNANT	AID CO		ת מתודע אווד	FE
OO ELICIDIES	HCEDC	INTEG OF CEDITOR	EVDENDIBLIDEC	ATTEDACE COCH	MON'		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
0		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1	4 \$	90.30	\$ 22.58	.000 \$		•
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.000	47.45	.00
EYE APPLIANCES	1	3	42.85	14.28	.000	42.85	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	ŭ	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	10	10 \$	935.34	\$ 93.53	.000 \$		•
HOSP INPATIENT TOTAL	1	1	510.00	510.00	.000	510.00	.00
HSC HOSPITALS	1	1	510.00	510.00	.000	510.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	-	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	9	425.34	47.26	.000	47.26	.00
MEDICAL	0	0	3.30	.00	.000	.00	.00
SURGERY	0	1CR	9.490		.000	.00	.00
PATHOLOGY	1	1	13.53	13.53	.000	13.53	.00
RADIOLOGY	5	7	226.68	32.38	.000	45.34	.00
ROOM USE	0	1CR	17.69	17.69CR	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	3	173.63	57.88	.000	57.88	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES M	IONTH-OF-PAYMENT REP	ORT FOR JAN 20	02 THRU DE	C 2002	PAGE 17,215
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR 48 MIA - NC	SOC - PREGNANT	AID COD	Ε		
					MON	ITHLY AVERAG	E
00 ELIGIBLES	HSERS HNIT:	S OF SERVICE	EXPENDITURES	AVERAGE COST III	NTTS/DAYS	COST PER	COST PER

						M	TNC	HLY AVERA	.GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	10	\$ 935.34	\$	93.53	.000	\$	93.53	\$.00
COMM HOSP INPATIENT TOTAL	1	1	510.00		510.00	.000		510.00		.00
HSC HOSPITALS	1	1	510.00		510.00	.000		510.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9	9	425.34		47.26	.000		47.26		.00
MEDICAL	0	0	3.30		.00	.000		.00		.00
SURGERY	0	1CR	9.49CR	2	9.49	.000		.00		.00
PATHOLOGY	1	1	13.53		13.53	.000		13.53		.00
RADIOLOGY	5	7	226.68		32.38	.000		45.34		.00
ROOM USE	0	1CR	17.69		17.69CR	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	3	173.63		57.88	.000		57.88		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	1	1 \$	15.20	\$	15.20	.000	\$ 15.20	\$.00
PATHOLOGY	1	1	15.20		15.20	.000	15.20		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	5 \$	427.57	\$	85.51	.000	\$ 142.52	\$.00
CLINIC	0	0	7.25		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	3	5	420.32		84.06	.000	140.11		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2002 THRU	DEC 2002	P.	AGE 17,216
MOP024	FEE-FOR-SERVICE/DE	NTAL							01/17/03
YOLO COUNTY	SUMMARY OF SERVICE	LS FOR 48 MIA -	NO SOC - PREGNANT		AID CO	DDE			
						M	ONTHLY AVER	AGE -	
OO ELICIPIEC	TICEDO IIN	THE OF CERTIFOR	EXPENDIBLE	77777		TINTERO / DAY	C COCH DED	-	COOM DED

						TILL AVENAGI	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	33	40 \$	2,320.84	\$ 58.02	.000 \$	70.33	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	27	28	2,221.00	79.32	.000	82.26	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	99.84	8.32	.000	16.64	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,217 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

							MON	THLY AVERA	ŒĽi	
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	2		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	68	120	\$	6 , 156.52	\$	51.30	.000 \$	90.54	\$.00
@PHYSICIANS SERVICES	10	15	\$	409.88	\$	27.33	.000 \$	40.99	\$.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0			6.96		.00	.000		.00		.00	
OFFICE VISITS	0	0			.00		.00	.000		.00		.00	
HOME VISITS	0	0			.00		.00	.000		.00		.00	
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00	
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00	
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00	
OTHER OUTPATIENT	0	0			6.96		.00	.000		.00		.00	
INPATIENT VISITS	0	0			.40C	R	.00	.000		.00		.00	
HOSPITAL VISITS	0	0			.40C	R	.00	.000		.00		.00	
CRITICAL CARE	0	0			.00		.00	.000		.00		.00	
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00	
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00	
EXAMINATIONS	0	0			.00		.00	.000		.00		.00	
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00	
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00	
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00	
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00	
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00	
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00	
	0	0			.00		.00	.000		.00		.00	
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00	
ASSISTANT SURGEON	0	0			.00		.00			.00		.00	
ANESTHESIOLOGIST	0	0						000.					
DIALYSIS	0	Ü			.00		.00	000		.00		.00	
PATHOLOGY	•	0			.00		.00	.000		.00		.00	
RADIOLOGY	10	15			384.34		25.62	.000		38.43		.00	
PSYCHIATRY	0	0			.00		.00	.000		.00		.00	
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00	
OTHER SERVICES/ALL X-OVERS	0	0			18.98		.00	.000		.00		.00	
@PHARMACY	1	3	\$		190.39	\$	63.46	.000	\$	190.39	\$.00	
PRESCRIPTION DRUGS	1	3			190.39		63.46	.000		190.39		.00	
SNF/ICF	0	0			.00		.00	.000		.00		.00	
OUTPATIENTS	1	3			190.39		63.46	.000		190.39		.00	
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00	
@DENTIST	14	42	\$	•	767.00	\$	42.07	.000	\$	126.21	\$.00	
VISITS - DIAGNOSTIC	9	23			434.00		18.87	.000		48.22		.00	
ORAL SURGERY	2	5			239.00		47.80	.000		119.50		.00	
DRUGS	0	0			.00		.00	.000		.00		.00	
ANESTHESIA	0	0			.00		.00	.000		.00		.00	
PERIODONTICS	1	1		:	200.00		200.00	.000		200.00		.00	
ENDODONTICS	2	2			331.00		165.50	.000		165.50		.00	
RESTORATIVE DENTISTRY	4	10			538.00		53.80	.000		134.50		.00	
PROSTHETICS	0	0			.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	1	1			25.00		25.00	.000		25.00		.00	
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	Ö			.00		.00	.000		.00		.00	
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	-	RES MON	JTH-OF-PA		EPORT			DEC		P	AGE 17,21	8
MOP024	FEE-FOR-SERVICE/DENTAL		0 1101	0			_ 01. 0111	 				01/17/0	
YOLO COUNTY	SUMMARY OF SERVICES FOR	49 ALT	MIA -	NO SOC								32/2./0	-

----- MONTHLY AVERAGE -----00 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE ELIGIBLE PER UNIT/DAY PER ELIG USER 1 90.30 \$ 22.58 .000 \$ 90.30 \$.00 @OPTOMETRIST 4 \$ 1 .000 47.45 1 47.45 DIAGNOSTIC AND ANC. PROCED 47.45 .00

EYE APPLIANCES	1	3	42.85		14.28	.000	42.85	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	.00
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00
OTHER	0	0	.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10	10	\$ 935.34	\$	93.53	.000	\$ 93.53	\$.00
HOSP INPATIENT TOTAL	1	1	510.00		510.00	.000	510.00	.00
HSC HOSPITALS	1	1	510.00		510.00	.000	510.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	9	425.34		47.26	.000	47.26	.00
MEDICAL	0	0	3.30		.00	.000	.00	.00
SURGERY	0	1CR	9.49CF	3	9.49	.000	.00	.00
PATHOLOGY	1	1	13.53		13.53	.000	13.53	.00
RADIOLOGY	5	7	226.68		32.38	.000	45.34	.00
ROOM USE	0	1CR	17.69		17.69CR	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT	3	3		173.63	57.88	.000	57.88	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	OF-PAYMENT RE	PORT FOR JA	N 2002 THRU	DEC 2002	PAGE 17,219
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA - NO	SOC				

YOLO COUNTY	SUMMARY OF SER	VICES FOR 49 ALL	MIA .	- NO SOC						~-	
0.0							MC			.GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3 (COST PER		COST PER
_		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	10	\$	935.34	\$	93.53	.000	Ş	93.53	Ş	.00
COMM HOSP INPATIENT TOTAL	1	1		510.00		510.00	.000		510.00		.00
HSC HOSPITALS	1	1		510.00		510.00	.000		510.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9	9		425.34		47.26	.000		47.26		.00
MEDICAL	0	0		3.30		.00	.000		.00		.00
SURGERY	0	1CR		9.490	CR	9.49	.000		.00		.00
PATHOLOGY	1	1		13.53		13.53	.000		13.53		.00
RADIOLOGY	5	7		226.68		32.38	.000		45.34		.00
ROOM USE	0	1CR		17.69		17.69CR	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	3		173.63		57.88	.000		57.88		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	15.20	\$	15.20	.000	\$	15.20	\$.00
PATHOLOGY	1	1		15.20		15.20	.000		15.20		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	427.57	\$	85.51	.000	\$	142.52	\$.00
CLINIC	0	0		7.25		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	5		420.32		84.06	.000		140.11		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES M	IONTH-OF-PAYMENT	REPORI	FOR JAN	2002 THRU	DEC	2002	PA	GE 17,220
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA	- NO SOC							

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	33	40	\$ 2,320.84	\$ 58.02	.000 \$	70.33	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	27	28	2,221.00	79.32	.000	82.26	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	99.84	8.32	.000	16.64	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 9	.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 5	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

01/17/03

VOLO COLINEY	CIMMADA OF CED	TOTAL BOD. FO MIN. COC.	T MC	ATD CO	ODE		
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 50 MIA - SOC	- LTC	AID CO		mii	28
00 ========					MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2	2 \$	50.00	\$ 25.00	.000 \$	25.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	•	0					
OTHER OUTPATIENT	0	-	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	ŭ	· · · · · · · · · · · · · · · · · · ·					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHARMACY	•						
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	2 \$	50.00	\$ 25.00	.000 \$	25.00	\$.00
VISITS - DIAGNOSTIC	2	2	50.00	25.00	.000	25.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
	0	0			.000		.00
RESTORATIVE DENTISTRY	U		.00	.00		.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	Ü	Ü	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON					PAGE 17,222
MOP024	FEE-FOR-SERVICE						01/17/03

YOLO COUNTY	SUMMARY OF SERV	ICES FOR	SU MIA .	- SOC -	- LTC		AID CC				~ =	
								MO			GE	
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS	3 (COST PER
		OR DAYS	OF CARE			PER UN	IIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	•	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		Ö		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	Ś	.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	ŭ		0	\$.00	\$.00	.000	\$.00	\$.00
	0		0	\$		\$						
FAMILY NURSE PRACTITIONER	0		0	ې د	.00	ې د	.00	.000	\$ \$.00	\$.00
@TOTAL HOSPITAL	0		0	P	.00	Ş	.00		Þ	.00	Þ	.00
HOSP INPATIENT TOTAL	U		-		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	U		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0									.00
	0		0		.00		.00	.000		.00		
ROOM USE	U		U		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,223 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC AID CODE

SOLUMNICE OF SELEC	. = 0 = 0 = 0 = 0	00 11211	000					
						MC	ONTHLY AVERA	AGE
USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE CO	DST UNITS/DAYS	COST PER	COST PER
	OR DAYS	OF CARE			PER UNIT/	DAY PER ELIG	USER	ELIGIBLE
0		0	\$.00	\$.00	.000	\$.00	\$.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00		.00	.00
0		0		.00	.00		.00	.00
0		0			.00		.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00		.00	.00
0		0		.00	.00		.00	.00
0		0		.00	.00		.00	.00
0		0		.00			.00	.00
0		0		.00	.00		.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00	.00	.000	.00	.00
0		0		.00			.00	.00
0		0	\$		•			\$.00
0		0			.00		.00	.00
0		0		.00	.00	.000	.00	.00
0		0	\$		\$.00			\$.00
0		0			.00		.00	.00
0		0		.00			.00	.00
0		0		.00	.00	.000	.00	.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OR	OR DAYS OF CARE O	OR DAYS OF CARE 0	OR DAYS OF CARE O	OR DAYS OF CARE OR DAY	USERS	OR DAYS OF CARE O O \$.00 \$.00 .00 .000 \$.000 O O .00 .00 .00 .000 .000 .000 O O .00 .00 .00 .000 .0

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF-1	PAYMENT RE	PORT	FOR JAN 200)2 THRU	DEC	2002	PAG	E 17,224
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	50 MIA	- SOC - LTC			AID CODE	Ξ				

----- MONTHLY AVERAGE -----00 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .000 \$ @ALL OTHER PROVIDERS Ω 0 .00 .00 .00 \$.00 .00 DURABLE MED. EQUIP. 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK .00 .00 HEARING AID DISPENSERS .00 .000 .00 MEDICAL TRANSPORTATION 0 .00 .00 .000 .00 .00 .000 AMBULANCES/AIR TRANS .00 .00 .00 .00 .00 OTHER TRANS .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACUPUNCTURE ADULT DAY HEALTH CARE CTR .00 .00 .00 .000 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .000 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .000 SPEECH AND AUDIOLOGY .00 .00 .00 .00 HOSPICE SERVICES .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .000 ALL OTHER PROVIDERS 0 .00 .00 .00 .00

.00 \$

.00

.000 \$

.00 \$

.00

@CALIF. CHILDREN SERVICES*

@XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

PAGE 17,225

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

YOLO COUNTY	SUMMARY OF SER	VICES FOR SI MIA - SOC -	PREGNANT	AID CO			_
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1	1 \$	65.32	\$ 65.32	.000 \$	65.32	•
@PHYSICIANS SERVICES	0	0 \$	10.32	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0	0	10.32	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	10.32	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
011100 1111111111111110110	· ·	•	• 0 0		• • • •	• 0 0	• • • •

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 17,226
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .00 .00 \$.00 .000 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 0 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .00 @PODIATRIST .000 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .000 0 .00 .00 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 Ś .00 NURSE ANESTHESIST .00 \$.00 .000 Ś .00 Ś .00 Ś .00 .000 .00 Ś NURSE MIDWIFE .00 Ś .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 .000 @TOTAL HOSPITAL .00 . 00 .00 . 00 HOSP INPATIENT TOTAL .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 @COUNTY HOSPITAL TOTAL .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	MONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 17,227
MOP024	FEE-FOR-SERVICE/DENTAI						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - SC	C - PREGNANT	AID COD	Œ		

YOLO COUNTY	SUMMARY OF SER		51 MIA	- SOC	- PREGNANT		AID CC	DDE			01/1//05
								MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UN		PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
LEV B-REGULAR	0		0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000			.00
ICF DDH	0		0		.00		.00	.000	.00		.00
ICF DD	0		0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000			.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000			.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000			.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
XO AND OTHERS	0		0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000			.00
CLINIC	0		0		.00		.00	.000	.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC	ONTH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DEC	2002	PAGE 17,228
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES F	OR 51 MIA - SOC	C - PREGNANT	AID CODE			

						MON	ITHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF S	ERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		OR DAYS O	F CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1		1	\$ 55.00	\$ 55.00	.000	55.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1		1	55.00	55.00	.000	55.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,229 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY	SUMMARY OF SER	VICES FOR 52 ALI	_ M	IA -	SOC							
								MC	NT	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVIC	Œ		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	RΕ			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3	3	:	\$	115.32	\$	38.44	.000	\$	38.44	\$.00
@PHYSICIANS SERVICES	0	0	:	\$	10.32	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0			10.32		.00	.000		.00		.00
OFFICE VISITS	0	0			.00		.00	.000		.00		.00
HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0			10.32		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	0	0	:	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0			.00		.00	.000		.00		.00
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	0	0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	2	2	:	\$	50.00	\$	25.00	.000	\$	25.00	\$.00
VISITS - DIAGNOSTIC	2	2			50.00		25.00	.000		25.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 17,230
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

1020 000111	0011111111 01 01111	1020 1010	02 1122		200			Mo	ТИС	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	:	EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER	-	COST PER
			OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	•	.00	·	.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	•	.00	·	.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00

	_	_					
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2002 THRU D	EC 2002	PAGE 17,231
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR 52 ALL MIA	- SOC				

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 .00 .000 \$.00 \$.00 @COMMUNITY HOSPITAL TOTAL 0 .00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS 0 .00 .00 .000 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS 0 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 ANCILLARIES .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 .000 SURGERY .00 .00 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 ROOM USE 0 .00 CROSSOVERS/ALL OTH OUTPTNT .00 .00 .000 .00 @STATE HOSPITAL 0 .00 .00 .000 .00 .00 MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 @NURSING FACILITY 0 .00 .00 .000 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD 0 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 LEV B-REGULAR .00 .00 .000 .00 .00 0 @INTERMEDIATE CARE FACIL.-DD .00 \$.00 .000 .00 .00 ICF DDH 0 .00 .00 .00 .00 .000 .00 0 ICF DD .00 .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 .00 0 @HEMODIALYSIS TOTAL .00 .00 .000 .00 .00 .00 .00 HOSPITAL BASED .000 .00 HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00 @REHABILITATION FACILITY .00 \$.00 .000 \$.00 \$.00 HOSPITAL BASED .00 .00 .000 .00 .00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2002 THRU DE	C 2002	PAG	E 17,232
MOP024	FEE-FOR-SERVICE/DEN	NTAL							01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	S FOR 52 ALL MIX	A - SOC						

----- MONTHLY AVERAGE -----

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1 1 \$ 0 @ALL OTHER PROVIDERS 55.00 \$ 55.00 .000 \$ 55.00 \$.00 \$. 00 .00 \$. 00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,233 FEE-FOR-SERVICE/DENTAL
JNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE MOP024 01/17/03

YOLO COUNTY

							MO	NTHLY AVERA	7.GF	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 17,234
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03

SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

YOLO COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 Ś .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .000 .00 0 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$.00 \$.00 .00 .00 VISITS .00 .00 .000 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 .00 .00 .00 MEDICINE/INJECTIONS .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 .000 RADIO./PATHOLOGY 0 .00 .00 .00 .00 .00 OTHER .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 \$.00 .000 .00 Ω .00 \$.00 \$.00 NURSE ANESTHESIST \$.00 .00 .000 .00 NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 .00 @TOTAL HOSPITAL .00 .00 .000 .00 \$.00 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .000 ALL OTHER ACCOM .00 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .00 .00 .000 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL .000 .00 .00 .00 .00 MEDICAL .000 .00 .00 .00 .000 .00 .00 SURGERY PATHOLOGY 0 .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	RES MONTH-OF	-PAYMENT REPOR	r for Jan	2002 THRU DEC	C 2002	PAGE 17,235
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	53 FOR	FUTURE USE					

TOLO COUNTI	SOMMANT OF SEN	VICES FOR 33 FOR	FOION	E 03E		MON	THIY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST		COST PER	COST PER
**	0.0	OR DAYS OF CAR			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	9	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-OF	F-PAYMENT RE	PORT	FOR JAN 20	002 THRU	DEC	2002	PAG	E 17,236
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	53 FOR	FUTURE USE								

1020 000111	DOILING OF DER	VIOLO IOIC OO IOICIOIG	. 002		MON	miii i aiinnac	
00 811618180	HORDO	INTEG OF CERTICE		717ED 7 CE COCE	MON	_	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
0	Ō	OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	Ü	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$		\$.00
G+ MOMAIC IN MURCE IINEC ADE		DAME INFORMATION THEM ON					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

MOP024

1010 000111	DOINTING OF BEING	TODO TOR STREET	INDIODNI MDODIO		MONT	HIY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
** ======	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	71	123 \$	6,271.84	\$ 50.99	.000 \$	88.34	_
@PHYSICIANS SERVICES	10	15 \$	420.20	\$ 28.01	.000 \$		\$.00
OUTPATIENT VISITS	0	0	17.28	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0					.00
	0	·	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	17.28	.00	.000	.00	.00
INPATIENT VISITS	•	g .	.40CR		.000	.00	.00
HOSPITAL VISITS	0	0	.40CR		.000	.00	.00
CRITICAL CARE	Ü	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	10	15	384.34	25.62	.000	38.43	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	18.98	.00	.000	.00	.00
@PHARMACY	1	3 \$	190.39	\$ 63.46	.000 \$		\$.00
PRESCRIPTION DRUGS	1	3	190.39	63.46	.000	190.39	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	3	190.39	63.46	.000	190.39	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	16	44 \$	1,817.00	\$ 41.30	.000 \$		\$.00
-	11	25	484.00	19.36	.000	44.00	.00
VISITS - DIAGNOSTIC	2	5		47.80			.00
ORAL SURGERY	0	0	239.00		.000	119.50	
DRUGS	0	-	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	Ţ.	1	200.00	200.00	.000	200.00	.00
ENDODONTICS	2	2	331.00	165.50	.000	165.50	.00
RESTORATIVE DENTISTRY	4	10	538.00	53.80	.000	134.50	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	25.00	25.00	.000	25.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	0.0	.00	000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	U CES AND EXPENDITURES MOI	.00		.000		PAGE 17,238

01/17/03

FEE-FOR-SERVICE/DENTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	 COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$	22.58	.000	\$	90.30	\$.00
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.000		47.45	.00
EYE APPLIANCES	1	3	42.85		14.28	.000		42.85	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10	10	\$ 935.34	\$	93.53	.000	\$	93.53	\$.00
HOSP INPATIENT TOTAL	1	1	510.00		510.00	.000		510.00	.00
HSC HOSPITALS	1	1	510.00		510.00	.000		510.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00

----- MONTHLY AVERAGE -----

HOSP OUTPATIENT TOTAL	9	9	425.34	47.26	.000	47.26	.00
MEDICAL	0	0	3.30	.00	.000	.00	.00
SURGERY	0	1CR	9.49CR	9.49	.000	.00	.00
PATHOLOGY	1	1	13.53	13.53	.000	13.53	.00
RADIOLOGY	5	7	226.68	32.38	.000	45.34	.00
ROOM USE	0	1CR	17.69	17.69CR	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	3	173.63	57.88	.000	57.88	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 17,239
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	54 MEDICALLY	INDIGENT ADULTS				

TODO COONTI	DOMINANT OF DERIV	ICED FOR 34	יבטבויי	СИППІ	INDIGENI ADGELS							
								MC	ITNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SEF	RVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF	CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	1	. 0	\$	935.34	\$	93.53	.000	\$	93.53	\$.00
COMM HOSP INPATIENT TOTAL	1		1		510.00		510.00	.000		510.00		.00
HSC HOSPITALS	1		1		510.00		510.00	.000		510.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9		9		425.34		47.26	.000		47.26		.00
MEDICAL	0		0		3.30		.00	.000		.00		.00
SURGERY	0		1CR		9.49CR		9.49	.000		.00		.00
PATHOLOGY	1		1		13.53		13.53	.000		13.53		.00
RADIOLOGY	5		7		226.68		32.38	.000		45.34		.00
ROOM USE	0		1CR		17.69		17.69CR	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	3		3		173.63		57.88	.000		57.88		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	15.20	\$	15.20	.000	\$	15.20	\$.00
PATHOLOGY	1	1		15.20		15.20	.000		15.20		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	427.57	\$	85.51	.000	\$	142.52	\$.00
CLINIC	0	0		7.25		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	5		420.32		84.06	.000		140.11		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MON'	TH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 17,240
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03
HOTO CONTINUE			- ~								

----- MONTHLY AVERAGE -----

YOLO COUNTY SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	34	41	\$ 2,375.84	\$ 57.95	.000 \$	69.88	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	28	29	2,276.00	78.48	.000	81.29	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	99.84	8.32	.000	16.64	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

PAGE 17,241

----- MONTHLY AVERAGE -----

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

						ILLI AVEKA	
216 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,119	18,584 \$	1,353,840.84	\$ 72.85	86.037 \$		\$ 6267.78
@PHYSICIANS SERVICES	59	258 \$	5,053.33	\$ 19.59	1.194 \$		
OUTPATIENT VISITS	8	236 ¥ 9	728.28	80.92	.042	91.04	3.37
	8	4	477.95	119.49	.042	119.49	2.21
OFFICE VISITS	0	0			.000		
HOME VISITS	4	5	.00	.00		.00	.00
EMERGENCY ROOM	0	0	228.84	45.77	.023	57.21	1.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	•		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	21.49	.00	.000	.00	.10
INPATIENT VISITS	8	20	696.95	34.85	.093	87.12	3.23
HOSPITAL VISITS	4	11	455.57	41.42	.051	113.89	2.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	5	9	241.38	26.82	.042	48.28	1.12
OPHTHALMOLOGICAL SERVICES	0	0	2.81	.00	.000	.00	.01
EXAMINATIONS	0	0	2.81	.00	.000	.00	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2	210.54	105.27	.009	210.54	.97
PRINCIPAL SURGEON	1	1	127.52	127.52	.005	127.52	.59
ASSISTANT SURGEON	1	1	83.02	83.02	.005	83.02	.38
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	352.52	176.26	.009	176.26	1.63
PRINCIPAL SURGEON	2	2	352.52	176.26	.009	176.26	1.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	32	169.71	5.30	.148	33.94	.79
RADIOLOGY	6	15	356.66	23.78	.069	59.44	1.65
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	42	178	2,535.86	14.25	.824	60.38	11.74
@PHARMACY	933	2,995 \$		\$ 72.22	13.866 \$		\$ 1001.45
PRESCRIPTION DRUGS	929	1,998	215,481.50	107.85	9.250	231.95	997.60
SNF/ICF	476	1,257	122,164.95	97.19	5.819	256.65	565.58
OUTPATIENTS	462	741	93,316.55	125.93	3.431	201.98	432.02
MEDICAL SUPPLIES	9	997	830.99	.83	4.616	92.33	3.85
@DENTIST	1,370	5,351 \$		\$ 56.34	24.773 \$		\$ 1395.73
VISITS - DIAGNOSTIC	840	3,088	42,566.96	13.78	14.296	50.67	197.07
ORAL SURGERY	193	637	28,778.75	45.18	2.949	149.11	133.23
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	103	104	18,370.00	176.63	.481	178.35	85.05
ENDODONTICS	73	138	32,055.00	232.28	.639	439.11	148.40
RESTORATIVE DENTISTRY	278	706	84,276.75	119.37	3.269	303.15	390.17
PROSTHETICS	16	22	700.00	31.82	.102	43.75	3.24
DENTURES, STAYPLATES	275	644	93,856.14	145.74	2.981	341.30	434.52
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
SINCE MAINIAINERS	U	U	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	3	8	875.00	109.38	.037	291.67	4.05
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	4	.00	.00	.019	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 17,242
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR 55 ALL AG	ED				

							M	ONT	HLY AVERA	GE	
216 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	34	85	\$	1,875.50	\$	22.06	.394	\$	55.16	\$	8.68
DIAGNOSTIC AND ANC. PROCED	14	14		640.58		45.76	.065		45.76		2.97
EYE APPLIANCES	27	67		1,124.00		16.78	.310		41.63		5.20
OTHER OPTOMETRIC SERVICES	2	4		110.92		27.73	.019		55.46		.51
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	16	21	\$	221.51	\$	10.55	.097	\$	13.84	\$	1.03
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	16	21		221.51		10.55	.097		13.84		1.03
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	21	64	Ş	8,054.09	\$	125.85	.296	Ş	383.53	\$	37.29
HOSP INPATIENT TOTAL	6	28		6,722.42		240.09	.130		1120.40		31.12
HSC HOSPITALS	1	2		813.03		406.52	.009		813.03		3.76
NON-HSC HOSPITAL TOTAL	1	4		3,457.39		864.35	.019		3457.39		16.01
ACCOMMODATIONS	1	4		1,068.20		267.05	.019		1068.20		4.95
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		1,068.20		267.05	.019		1068.20		4.95
ANCILLARIES	1	0		2,389.19		.00	.000		2389.19		11.06
INPATIENT CROSSOVERS	4	22		2,452.00		111.45	.102		613.00		11.35
ALL OTHER INPATIENT	0 15	0 36		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12	0		1,331.67		36.99	.167		88.78		6.17 .67
MEDICAL	1	1		144.15		.00 34.24	.005		.00 34.24		.16
SURGERY	1	1		34.24 62.27		34.24	.005		62.27		.16
PATHOLOGY RADIOLOGY	0	0		108.63		.00	.009		.00		.50
ROOM USE	2	2		220.06		110.03	.009		110.03		1.02
CROSSOVERS/ALL OTH OUTPTNT	13	31		762.32		24.59	.144		58.64		3.53
@COUNTY HOSPITAL TOTAL	13	0	\$	11.57	\$.00	.000	Ċ		\$.05
CO HOSPITAL INPATIENT TOTAL	0	0	۲	.00	Ą	.00	.000	۲	.00	۲	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	11.57	.00	.000	.00	.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	11.57	.00	.000	.00	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 17,243
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
YOLO COUNTY	SUMMARY OF SERVI	CES FOR 55 ALL AGE	D				
					MON	THLY AVERA	GE
216 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	64 \$	8,042.52	\$ 125.66	.296 \$	382.98	\$ 37.23
COMM HOSP INPATIENT TOTAL	6	28	6,722.42	240.09	.130	1120.40	31.12
HSC HOSPITALS	1	2	813.03	406.52	.009	813.03	3.76
NON-HSC HOSPITALS TOTAL	1	4	3,457.39	864.35	.019	3457.39	16.01
ACCOMMODATIONS	1	4	1,068.20	267.05	.019	1068.20	4.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00

.00

1,068.20

2,389.19

2,452.00

1,320.10

144.15

34.24

62.27

108.63

220.06

750.75

.00

.00

267.05

.00

111.45

.00

36.67

.00

34.24

31.14

.00

110.03

24.22

.000

.019

.000

.102

.000

.167

.000

.005

.009

.000

.009

.144

158,476.63 \$ 504.70 1.454 \$ 17608.51 \$ 733.69

.00

1068.20

2389.19

.00

88.01

.00

34.24

62.27

.00

110.03

57.75

613.00

.00

4.95

11.06

11.35

.00

6.11

. 67

.16

.29

.50

1.02

3.48

0

0

22

0

36

0

1

2

31

314

0

0

15

0

1

1

2

9

13

TRANSITIONAL IP CARE

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPINT

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

ROOM USE

MENTALLY ILL	8	303		150,811.84		497.73	1.403		18851.48		698.20
DEVELOP. DISABLED	1	11		7,664.79		696.80	.051		7664.79		35.49
@NURSING FACILITY	74	2,133	\$	259,474.39	\$	121.65	9.875	Ś	3506.41	Ś	1201.27
LEV A-INTERMEDIATE	0	0	Υ	.00	Υ	.00	.000	7	.00	۲	.00
LEV B-REHAB MD	19	580		57,523.23		99.18	2.685		3027.54		266.31
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	31		15,525.81		500.83	.144		15525.81		71.88
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	54	1 , 522		186,425.35		122.49	7.046		3452.32		863.08
@INTERMEDIATE CARE FACILDD	0	1,322	Ċ	.00	\$.00	.000	Ś	.00	Ċ	.00
ICF DDH	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
ICF DDA	0	0		.00		.00			.00		.00
ICF DDN/DDCN	0	0					.000				
, -	0	0	Ċ	.00	<u> </u>	.00	.000	Ċ	.00	ċ	.00
@HEMODIALYSIS TOTAL	0	0	Ą	.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	U	0		.00	_	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	11	\$	158.65	\$	14.42	.051	\$	52.88	\$.73
PATHOLOGY	3	11		158.65		14.42	.051		52.88		.73
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	44	82	\$	10,042.01	\$	122.46	.380	\$	228.23	\$	46.49
CLINIC	0	0		23.50		.00	.000		.00		.11
SURGICENTER	1	1		194.31		194.31	.005		194.31		.90
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	43	81		9,824.20		121.29	.375		228.47		45.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES I	-	REPORT			DEC	2002	Р	AGE 17,244
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

DOMMANT OF BEIN	VICES FOR 33 ALL AGED			MON	THLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
883	7,270 \$	392,693.64	\$ 54.02	33.657	444.73	\$ 1818.03
4	59	4,915.70	83.32	.273	1228.93	22.76
0	0	38.00	.00	.000	.00	.18
3	4	874.42	218.61	.019	291.47	4.05
17	366	1,468.57	4.01	1.694	86.39	6.80
4	86	668.10	7.77	.398	167.03	3.09
9	84	318.43	3.79	.389	35.38	1.47
6	196	482.04	2.46	.907	80.34	2.23
1	4	64.88	16.22	.019	64.88	.30
341	5 , 247	351 , 875.48	67.06	24.292	1031.89	1629.05
0	0	.00	.00	.000	.00	.00
35	297	17,797.63	59.92	1.375	508.50	82.40
0	0	.00	.00	.000	.00	.00
447	970	12,070.01	12.44	4.491	27.00	55.88
0	0	.00	.00	.000	.00	.00
2	4	18.85	4.71	.019	9.43	.09
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
2	2	52.52	26.26	.009	26.26	.24
2	2	66.06	33.03	.009	33.03	.31
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 883 4 0 3 17 4 9 6 1 341 0 35 0	USERS UNITS OF SERVICE OR DAYS OF CARE 883 7,270 \$ 4 59 0 0 3 4 17 366 4 86 9 84 6 196 1 4 341 5,247 0 0 35 297 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 883 7,270 \$ 392,693.64 4 59 4,915.70 0 0 38.00 3 4 874.42 17 366 1,468.57 4 86 668.10 9 84 318.43 6 196 482.04 1 4 64.88 341 5,247 351,875.48 0 0 0 .00 35 297 17,797.63 0 0 0 .00 447 970 12,070.01 0 0 0 .00 2 4 4 18.85 0 0 0 .00 2 4 18.85 0 0 0 .00 0 0 0 .00 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 883	USERS UNITS OF SERVICE OR DAYS OF CARE 883 7,270 \$ 392,693.64 \$ 54.02 33.657 \$ 30	USERS UNITS OF SERVICE OR DAYS OF CARE 883

LOCAL EDUCATION AGENCIES	4	16	157.28	9.83	.074	39.32	.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	299	3,294.24	11.02	1.384	86.69	15.25
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	109	1,062	\$ 9,641.00	\$ 9.08	4.917	\$ 88.45	\$ 44.63

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,245
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
YOLO COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

YOLO COUNTY	SUMMARY OF SER	VICES FOR 56 ALL	BLIND)			NIMILI X 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CE
01 71 707777			_				NTHLY AVERA	
01 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	211	1,390	\$	105,342.45	\$ 75.79	1390.000		\$105342.45
@PHYSICIANS SERVICES	4	5	\$	470.86	\$ 94.17	5.000		
OUTPATIENT VISITS	2	2		144.55	72.28	2.000	72.28	144.55
OFFICE VISITS	2	2		118.95	59.48	2.000	59.48	118.95
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		6.96	.00	.000	.00	6.96
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		18.64	.00	.000	.00	18.64
INPATIENT VISITS	0	0		7.20	.00	.000	.00	7.20
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		7.20	.00	.000	.00	7.20
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		127.36	.00	.000	.00	127.36
PRINCIPAL SURGEON	0	0		127.36	.00	.000	.00	127.36
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		30.61	.00	.000	.00	30.61
PRINCIPAL SURGEON	0	0		30.61	.00	.000	.00	30.61
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		41.51	.00	.000	.00	41.51
RADIOLOGY	1	2		47.50	23.75	2.000	47.50	47.50
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		72.13	72.13	1.000	72.13	72.13
@PHARMACY	45	103	\$	33,227.65	\$ 322.60	103.000	\$ 738.39	\$ 33227.65
PRESCRIPTION DRUGS	45	103		33,227.65	322.60	103.000	738.39	33227.65
SNF/ICF	3	3		488.07	162.69	3.000	162.69	488.07
OUTPATIENTS	42	100		32,739.58	327.40	100.000	779.51	32739.58
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	79	352	\$	12,033.68	\$ 34.19	352.000		\$ 12033.68
VISITS - DIAGNOSTIC	57	258		3,399.68	13.18	258.000	59.64	3399.68
ORAL SURGERY	7	25		1,070.00	42.80	25.000	152.86	1070.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	8	11	2,000.00	181.82	11.000	250.00	2000.00
ENDODONTICS	2	3	850.00	283.33	3.000	425.00	850.00
RESTORATIVE DENTISTRY	15	32	2,856.00	89.25	32.000	190.40	2856.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	23	1,858.00	80.78	23.000	206.44	1858.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE 17,246

MOP024	FEE-FOR-SERVICE	C/DENTAL	DIVDIIO	KED MON.	III OF TAIMENT NE	1 01(1	. FOR OAN 2	2002 11110	рыс	2002		01/17/03
YOLO COUNTY	SUMMARY OF SERV	•	56 AT.T.	BLIND								01/11/03
1020 000111	DOIMING OF BEING	JOED TOIL	00 11111	DHIND				M	ONT	HLY AVERA	GE	
01 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	ERAGE COST			COST PER		COST PER
		OR DAYS					R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1		3	\$	27.75	\$	9.25	3.000	\$	27.75	\$	27.75
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	1		3		27.75		9.25	3.000		27.75		27.75
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4		24	\$	490.46	\$	20.44	24.000	\$	122.62	\$	490.46
HOSP INPATIENT TOTAL	2		21		378.08		18.00	21.000		189.04		378.08
HSC HOSPITALS	1		1		63.17		63.17	1.000		63.17		63.17
NON-HSC HOSPITAL TOTAL	0		0		477.09CR		.00	.000		.00		477.09CR
ACCOMMODATIONS	0		0		477.09CR		.00	.000		.00		477.09CR
ADMINISTRATIVE DAYS	0		0		477.09CR		.00	.000		.00		477.09CR
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1		20		792.00		39.60	20.000		792.00		792.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		3		112.38		37.46	3.000		56.19		112.38
MEDICAL	0		0		11.28		.00	.000		.00		11.28
SURGERY	0		0		3.07		.00	.000		.00		3.07
PATHOLOGY	0		2		13.91		.00	.000		.00		13.91
RADIOLOGY	1				70.67		35.34	2.000		70.67		70.67
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0		0		7.18		.00	.000		.00		7.18 6.27
@COUNTY HOSPITAL TOTAL	0		0	\$	6.27 .00	\$	6.27 .00	1.000	\$	6.27 .00	Ċ	.00
CO HOSPITAL INPATIENT TOTAL	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMPODATIONS	U		U		.00		.00	.000		.00		• 0 0

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 17,247
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES I	FOR 56 ALL BL	IND				

----- MONTHLY AVERAGE -----01 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 24 490.46 20.44 24.000 \$ 122.62 \$ 490.46 @COMMUNITY HOSPITAL TOTAL 21 COMM HOSP INPATIENT TOTAL 2 378.08 18.00 21.000 189.04 378.08 HSC HOSPITALS 63.17 63.17 1.000 63.17 63.17 NON-HSC HOSPITALS TOTAL 477.09CR .00 .000 .00 477.09CR ACCOMMODATIONS 0 477.09CR .00 .000 .00 477.09CR 0 477.09CR .00 .000 .00 477.09CR ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 ANCILLARIES 0 .00 .000 .00 .00 792.00 INPATIENT CROSSOVERS 39.60 20.000 792.00 792.00 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 112.38 COMM HOSP OUTPATIENT TOTAL 37.46 3.000 56.19 112.38 MEDICAL 11.28 .00 .000 .00 11.28 SURGERY 0 3.07 .00 .000 .00 3.07 13.91 .00 PATHOLOGY .00 .000 13.91 RADIOLOGY 70.67 35.34 2.000 70.67 70.67 0 7.18 .00 .000 .00 ROOM USE 7.18 1 6.27 6.27 6.27 CROSSOVERS/ALL OTH OUTPTNT 1.000 6.27 @STATE HOSPITAL .00 \$.00 .000 .00 .00 MENTALLY ILL 0 .00 .00 .000 .00 .00 0 DEVELOP. DISABLED .00 .00 .000 .00 .00 0 @NURSING FACILITY .00 .00 .000 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 . 00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 .000 LEV B-REGULAR .00 .00 .00 .00 0 @INTERMEDIATE CARE FACIL.-DD .00 \$.00 .000 .00 .00 ICF DDH 0 .00 .00 .00 .00 .000 0 .00 .00 ICF DD .00 .000 .00 0 .00 ICF DDN/DDCN .00 .000 .00 .00 0 .00 .00 .00 @HEMODIALYSIS TOTAL .000 .00 .00 .00 .00 .00 HOSPITAL BASED .000 HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00 @REHABILITATION FACILITY .00 \$.00 .000 \$.00 .00 HOSPITAL BASED .00 .00 .000 .00 .00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	2	2 \$	16.10	\$ 8.05	2.000 \$	8.05	\$ 16.10	
PATHOLOGY	2	2	16.10	8.05	2.000	8.05	16.10	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	7	9 \$	1,725.00	\$ 191.67	9.000 \$	246.43	\$ 1725.00	
CLINIC	0	0	.00	.00	.000	.00	.00	
SURGICENTER	0	0	.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	7	9	1,725.00	191.67	9.000	246.43	1725.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES 1	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU DE	C 2002	PAGE 17,248	
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/17/03	
YOLO COUNTY	SUMMARY OF SERVICES	FOR 56 ALL BLI	1D					
					MON	THLY AVERA	GE	
01 ELIGIBLES	USERS UNIT	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	OR	DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	92	892 \$	57 , 350.95	\$ 64.29	892.000 \$	623.38	\$ 57350.95	
DURABLE MED ECULP	0	0	0.0	0.0	000	0.0	0.0	

01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	92	892 \$	57,350.95	\$ 64.29	892.000 \$	623.38	\$ 57350.95
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	58	795	53,218.01	66.94	795.000	917.55	53218.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	31	3,289.96	106.13	31.000	548.33	3289.96
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	45	599.50	13.32	45.000	31.55	599.50
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	12	117.96	9.83	12.000	16.85	117.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	9	125.52	13.95	9.000	41.84	125.52
@CALIF. CHILDREN SERVICES*	0	0	\$ 5.18	\$.00	.000	\$.00	\$ 5.18
@XOVER EXCLUDING STATE HOSP**	5	10	\$ 917.90	\$ 91.79	10.000	\$ 183.58	\$ 917.90

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 17,249

01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

TOLO COUNTI	SUMMANT OF SEN	VICES FOR 57 ALL I	JI SAD	ппр		140		CE
1 005 811018180	Hanna	INTEG OF CERTIFICE			ATTERACE COCE			GE
1,005 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
0.000.00	11 400	OR DAYS OF CARE	^	F 100 074 06	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	11,400	110,234	\$	5,120,274.06	\$ 46.45	109.686	•	
@PHYSICIANS SERVICES	434	1,305	\$	•	\$ 35.51	1.299	•	•
OUTPATIENT VISITS	170	229		13,289.43	58.03	.228	78.17	13.22
OFFICE VISITS	72	95		5,871.62	61.81	.095	81.55	5.84
HOME VISITS	1	1		34.30	34.30	.001	34.30	.03
EMERGENCY ROOM	76	95		5 , 255.55	55.32	.095	69.15	5.23
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		60.48	60.48	.001	60.48	.06
OTHER OUTPATIENT	30	37		2,067.48	55.88	.037	68.92	2.06
INPATIENT VISITS	89	199		7,336.54	36.87	.198	82.43	7.30
HOSPITAL VISITS	27	100		4,744.58	47.45	.100	175.73	4.72
CRITICAL CARE	2	4		486.40	121.60	.004	243.20	.48
SNF/ICF/TRANS IP CARE	63	95		2,105.56	22.16	.095	33.42	2.10
OPHTHALMOLOGICAL SERVICES	5	5		221.43	44.29	.005	44.29	.22
EXAMINATIONS	5	5 0		221.43	44.29	.005	44.29	.22
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	76		4,166.29	54.82	.076	462.92	4.15
PRINCIPAL SURGEON	6	6		2,154.78	359.13	.006	359.13	2.14
ASSISTANT SURGEON	1	1		81.07	81.07	.001	81.07	.08
ANESTHESIOLOGIST	4	69		1,930.44	27.98	.069	482.61	1.92
OUTPATIENT SURGERY	20	38		2,709.78	71.31	.038	135.49	2.70
PRINCIPAL SURGEON	16	17		2,013.46	118.44	.017	125.84	2.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	21		696.32	33.16	.021	139.26	.69
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	29	53		1,132.55	21.37	.053	39.05	1.13
RADIOLOGY	74	142		7,195.84	50.67	.141	97.24	7.16
PSYCHIATRY	1	1		23.22	23.22	.001	23.22	.02
IMMUNIZATION AND INJECTION	4	129		1,713.77	13.29	.128	428.44	1.71
OTHER SERVICES/ALL X-OVERS	148	433		•	19.76	.431	57.81	8.51
@PHARMACY	5,803	15,217	\$	2,454,226.37		15.141		
PRESCRIPTION DRUGS	5 , 791	14,323	·T		171.04	14.252	423.03	2437.59
SNF/ICF	582	2,567			124.42	2.554	548.79	317.81
OUTPATIENTS	5,254	11,756			181.22	11.698	405.48	2119.79
001111111111	3,234	11,700		2,100,001.4/	101.22	11.000	100.10	2117.17

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	28	894		4,445.57		4.97	.890		158.77		4.42	
@DENTIST	3,850	17,308	\$	866,490.21	\$	50.06	17.222	\$	225.06	\$	862.18	
VISITS - DIAGNOSTIC	2,371	11,117		137,739.68		12.39	11.062		58.09		137.05	
ORAL SURGERY	466	1,177		57,479.80		48.84	1.171		123.35		57.19	
DRUGS	1	1		25.00		25.00	.001		25.00		.02	
ANESTHESIA	6	6		415.00		69.17	.006		69.17		.41	
PERIODONTICS	369	403		71,846.68		178.28	.401		194.71		71.49	
ENDODONTICS	280	439		105,494.25		240.31	.437		376.77		104.97	
RESTORATIVE DENTISTRY	1,103	2,860		327,002.25		114.34	2.846		296.47		325.38	
PROSTHETICS	35	36		1,325.00		36.81	.036		37.86		1.32	
DENTURES, STAYPLATES	453	1,227		156,231.36		127.33	1.221		344.88		155.45	
SPACE MAINTAINERS	2	2		111.00		55.50	.002		55.50		.11	
MAXILLOFACIAL SERVICES	4	5		4,980.19		996.04	.005		1245.05		4.96	
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.001		1200.00		1.19	
ORTHODONTIC SERVICES	13	21		1,290.00		61.43	.021		99.23		1.28	
ALL OTHER SERVICES	11	13		1,350.00		103.85	.013		122.73		1.34	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES M	MONTH-OF-PAYMENT RE	EPOR:	FOR JAN	2002 THRU	DEC	2002	PF	AGE 17,250	
MOP024	FEE-FOR-SERVICE/DENT	AL									01/17/03	
YOLO COUNTY	SUMMARY OF SERVICES	FOR 57 ALL	DISA	ABLED								

----- MONTHLY AVERAGE -----1,005 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 101 304 \$ 6,512.32 \$ 21.42 .302 \$ 64.48 \$ 2,585.57 DIAGNOSTIC AND ANC. PROCED 55 57 45.36 .057 47.01 2.57 EYE APPLIANCES 84 247 926.75 .00 15.90 .246 46.75 3,926.75 3.91 OTHER OPTOMETRIC SERVICES 0 0 .00 .000 .00 .00 .00 \$ @CHIROPRACTOR Ω 0 .00 .000 \$.00 \$.00 .00 .00 0 0 .000 VISITS .00 . 00 .00 OTHER SERVICES .00 .000 .00 .00 .00 18.40 30.83 .00 17.30 12.00 37 \$ 12 680.71 \$ 18.40 .037 \$ 28.36 \$ @PODIATRIST .68 370.00 11 30.83 .012 33.64 MEDICINE/INJECTIONS .37 0 2 SURGERY/ANES. 0 .00 .000 .00 .00 1 34.60 RADIO./PATHOLOGY 17.30 .002 34.60 .03 23 OTHER 276.11 12.00 .023 21.24 11 772.71 \$ @HOME HEALTH AGENCY 4 70.25 .011 \$ 193.18 \$.77 0 .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$ NURSE MIDWIFE 0 \$ 2 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .00 .000 \$.00 \$.00 FAMILY NURSE PRACTITIONER 48.00 \$ 24.00 .002 \$ 24.00 \$.05 @TOTAL HOSPITAL 241 1,054 182,626.77 \$ 173.27 1.049 \$ 757.79 \$ 181.72 436.29 1323.26 370 HOSP INPATIENT TOTAL 59 161,429.08 .368 2736.09 160.63 HSC HOSPITALS 39 51,607.00 .039 7372.43 .029 NON-HSC HOSPITAL TOTAL 29 81,601.90 2813.86 9066.88 2813.86 1305.59 29 ACCOMMODATIONS 37,862.01 .029 4206.89 37.67 1,827.25CR 1827.25CR .001 1827.25CR 1.82CR ADMINISTRATIVE DAYS 1827.25CR .001 .00 .000 1414.78 .028 .00 .000 93.44 .300 .00 .000 30.99 .681 105.41 .028 44.80 .007 11.99 .209 101.43 .051 39.97 .121 0 75.51 .00 .08 TRANSITIONAL IP CARE 28 ALL OTHER ACCOM 39,613.75 4951.72 39.42 .000 4859.99 ANCILLARIES 0 43,739.89 43.52 INPATIENT CROSSOVERS 302 28,220.18 656.28 28.08 0 0 .00 ALL OTHER INPATIENT .00 .00 113.97 113.52 186 684 21,197.69 HOSP OUTPATIENT TOTAL 21.09 28 26 MEDICAL 2,951.49 2.94 7 7 44.80 SURGERY 313.61 .31 PATHOLOGY 56 210 2,517.36 44.95 2.50 .051 156.75 33 RADIOLOGY 51 5,172.85 5.15 ROOM USE 122 4,875.96 39.97 .121 49.75 4.85

CROSSOVERS/ALL OTH OUTPINT	102	266	5,366.42	20.17	.265	52.61	5.34
@COUNTY HOSPITAL TOTAL	3	20 \$	21,600.81	\$ 1080.04	.020 \$	7200.27	\$ 21.49
CO HOSPITAL INPATIENT TOTAL	1	16	21,447.32	1340.46	.016	21447.32	21.34
HSC HOSPITALS	1	16	21,632.00	1352.00	.016	21632.00	21.52
NON-HSC HOSPITALS TOTAL	0	0	184.68CR	.00	.000	.00	.18CR
ACCOMMODATIONS	0	0	184.68CR	.00	.000	.00	.18CR
ADMINISTRATIVE DAYS	0	0	184.68CR	.00	.000	.00	.18CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	153.49	38.37	.004	76.75	.15
MEDICAL	1	1	34.31	34.31	.001	34.31	.03
SURGERY	1	1	62.63	62.63	.001	62.63	.06
PATHOLOGY	1	1	23.23	23.23	.001	23.23	.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.32	33.32	.001	33.32	.03
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2002 THRU DE	C 2002	PAGE 17,251
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	57 ALL DI	SABLED				

TOLO COUNTI	SOMMANT OF SER	AICES LOK 21 MIT	DISE	Арппр					
							NTHLY AVERAC	GΕ	
1,005 ELIGIBLES	USERS	UNITS OF SERVICE			AVERAGE COST	, -			COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	238	1,034	\$	•	\$ 155.73	1.029	•	\$	
COMM HOSP INPATIENT TOTAL	58	354		139 , 981.76	395.43	.352	2413.48		139.29
HSC HOSPITALS	6	2.3		29 , 975.00	1303.26	.023	4995.83		29.83
NON-HSC HOSPITALS TOTAL	9	29		81 , 786.58	2820.23	.029	9087.40		81.38
ACCOMMODATIONS	9	29		38,046.69	1311.95	.029	4227.41		37.86
ADMINISTRATIVE DAYS	1	1		1,642.57CR	1642.57CR	.001	1642.57CF	R	1.63CR
TRANSITIONAL IP CARE	0	0		75.51	.00	.000	.00		.08
ALL OTHER ACCOM	8	28		39,613.75	1414.78	.028	4951.72		39.42
ANCILLARIES	9	0		43,739.89	.00	.000	4859.99		43.52
INPATIENT CROSSOVERS	43	302		28,220.18	93.44	.300	656.28		28.08
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	184	680		21,044.20	30.95	.677	114.37		20.94
MEDICAL	25	27		2,917.18	108.04	.027	116.69		2.90
SURGERY	6	6		250.98	41.83	.006	41.83		.25
PATHOLOGY	55	209		2,494.13	11.93	.208	45.35		2.48
RADIOLOGY	33	51		5,172.85	101.43	.051	156.75		5.15
ROOM USE	97	121		4,842.64	40.02	.120	49.92		4.82
CROSSOVERS/ALL OTH OUTPTNT	102	266		5,366.42	20.17	.265	52.61		5.34
@STATE HOSPITAL	24	347	\$	254,890.63	\$ 734.56	.345	\$ 10620.44	\$	253.62
MENTALLY ILL	12	0		51,822.44	.00	.000	4318.54		51.56
DEVELOP. DISABLED	12	347		203,068.19	585.21	.345	16922.35		202.06
@NURSING FACILITY	78	1,856	\$	215,395.39	\$ 116.05	1.847	\$ 2761.48	\$	214.32
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	13	486		51,818.17	106.62	.484	3986.01		51.56
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	65	1,370		163,577.22	119.40	1.363	2516.57		162.76
@INTERMEDIATE CARE FACILDD	1	30	\$	2,723.55	\$ 90.79	.030	\$ 2723.55	\$	2.71
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	1	30		2,723.55		90.79	.030		2723.55		2.71
@HEMODIALYSIS TOTAL	4	5	\$	2,959.84	\$	591.97	.005	\$	739.96	\$	2.95
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	5		2,959.84		591.97	.005		739.96		2.95
@REHABILITATION FACILITY	2	2	\$	110.86	\$	55.43	.002	\$	55.43	\$.11
HOSPITAL BASED	2	2		110.86		55.43	.002		55.43		.11
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	162	628	\$	7,996.21	\$	12.73	.625	\$	49.36	\$	7.96
PATHOLOGY	161	627		7,993.72		12.75	.624		49.65		7.95
XO AND OTHERS	1	1		2.49		2.49	.001		2.49		.00
@ORGANIZED OUTPATIENT CLINIC	131	241	\$	29,528.14	\$	122.52	.240	\$	225.41	\$	29.38
CLINIC	19	29		889.28		30.66	.029		46.80		.88
SURGICENTER	4	27		716.16		26.52	.027		179.04		.71
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	108	185		27,922.70		150.93	.184		258.54		27.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU:	RES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 17,252
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	57 ALL	DISA	BLED							

1010 000111	SOIMMING OF SERV	TVIOLO ION O7 THE	D1011	.5155		M	ONTHLY AVERA	CF
1,005 ELIGIBLES	USERS	UNITS OF SERVIC	r r	EXPENDITURES	AVERAGE COST			COST PER
1,000 EDIGIDEES	ODERO	OR DAYS OF CAR		EXIENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,493	71,887	\$	1,048,967.36	\$ 14.59	71.529		\$ 1043.75
DURABLE MED. EQUIP.	18	53	7	4,299.81	81.13	.053	238.88	4.28
BLOOD BANK	0	0		66.50	.00	.000	.00	.07
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	62	1,512		13,106.71	8.67	1.504	211.40	
AMBULANCES/AIR TRANS	37	562		-	12.32	.559	187.06	6.89
OTHER TRANS	21	925		4,181.83	4.52	.920	199.13	4.16
OTHER SERVICES	5	25		2,003.80	80.15	.025	400.76	1.99
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	347	6,862		459,602.73		6.828	1324.50	457.32
GENETIC DISEASE TESTING	13	13		988.00	76.00	.013	76.00	.98
IHMC, MODEL-NF, NF, AIDS, MSSP	97	9,702		304,397.96	31.37	9.654	3138.12	302.88
OCCUPATIONAL THERAPIST	2	14		268.00	19.14	.014	134.00	.27
OPTICIAN	1,161	2,548		30,419.16	11.94	2.535	26.20	30.27
PHYSICAL THERAPIST	2	6		127.14	21.19		63.57	.13
PORTABLE X-RAY	9	16		354.67	22.17		39.41	.35
PROSTHETIST/ORTHOTISTS	2	3		49.06	16.35	.003	24.53	.05
PROSTHETICS	2	3		49.06	16.35	.003	24.53	.05
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	7	11		377.58	34.33	.011	53.94	.38
SPEECH AND AUDIOLOGY	4	42		1,211.89	28.85	.042	302.97	1.21
HOSPICE SERVICES	1	30		3,512.70	117.09	.030	3512.70	3.50
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	726	20,580		108,746.20		20.478	149.79	
EPSDT SUPPLEMENTAL SERVICE	12	4,110		113,351.70	27.58	4.090	9445.98	112.79
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	64	26,385		8,087.55		26.254	126.37	
@CALIF. CHILDREN SERVICES*	33	124	\$	9,852.08		.123		
@XOVER EXCLUDING STATE HOSP**		858	\$	•	\$ 68.62	.854		•
Q+ MOMATO THE MURCE TIMES ADD	CITIENI AC A CEDA	DAME INFORMATION	THEN	-			•	

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

1020 0001111	00111111111 01 0111	71020 1011 00 1122	 		14011		G.B.
04 116 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				311003.00 00.00	MON		_
24,116 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	29,370	155,141	\$ 5,139,987.40	\$ 33.13	6.433 \$		\$ 213.14
@PHYSICIANS SERVICES	1,621	3,844	\$ 207,191.37	•	.159 \$		•
OUTPATIENT VISITS	887	1,319	51,917.98	39.36	.055	58.53	2.15
OFFICE VISITS	457	567	22,363.91	39.44	.024	48.94	.93
HOME VISITS	12	17	691.02	40.65	.001	57.59	.03
EMERGENCY ROOM	302	335	17,627.21	52.62	.014	58.37	.73
PREVENTIVE CARE	2	2	98.96	49.48	.000	49.48	.00
OB VISITS/COMPRE PERI	45	275	7,155.48	26.02	.011	159.01	.30
OTHER OUTPATIENT	100	123	3,981.40	32.37	.005	39.81	.17
INPATIENT VISITS	93	343	27 , 090.68	78.98	.014	291.30	1.12
HOSPITAL VISITS	79	198	9,227.52	46.60	.008	116.80	.38
CRITICAL CARE	21	145	17,863.16	123.19	.006	850.63	.74
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	10	381.71	38.17	.000	38.17	.02
EXAMINATIONS	9	9	381.71	42.41	.000	42.41	.02
SERVICES AND MATERIALS	1	1	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	135	672	70,255.20	104.55	.028	520.41	2.91
PRINCIPAL SURGEON	66	93	50,185.28	539.63	.004	760.38	2.08
ASSISTANT SURGEON	17	17	3,091.22	181.84	.001	181.84	.13
ANESTHESIOLOGIST	74	562	16,978.70	30.21	.023	229.44	.70
OUTPATIENT SURGERY	81	185	11,349.55	61.35	.008	140.12	.47
PRINCIPAL SURGEON	65	88	8,560.72	97.28	.004	131.70	.35
ASSISTANT SURGEON	1	1	62.62	62.62	.000	62.62	.00
ANESTHESIOLOGIST	21	96	2,726.21	28.40	.004	129.82	.11
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	156	214	4,318.11	20.18	.009	27.68	.18
RADIOLOGY	506	794	29 , 025.82	36.56	.033	57.36	1.20
PSYCHIATRY	0	0	13.80	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	20	24		1,290.98		53.79	.001		64.55		.05
OTHER SERVICES/ALL X-OVERS	130	283		11,547.54		40.80	.012		88.83		.48
@PHARMACY	2,058	6,442	\$	278,869.73	\$	43.29	.267	\$	135.51	\$	11.56
PRESCRIPTION DRUGS	2,021	3,896		261,523.78		67.13	.162		129.40		10.84
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	2,021	3,896		261,523.78		67.13	.162		129.40		10.84
MEDICAL SUPPLIES	103	2,546		17,345.95		6.81	.106		168.41		.72
@DENTIST	13,854	68 , 151	\$	2,464,279.12	\$	36.16	2.826	\$	177.87	\$	102.18
VISITS - DIAGNOSTIC	9,495	45,911		608,873.65		13.26	1.904		64.13		25.25
ORAL SURGERY	1,639	2,886		148,392.81		51.42	.120		90.54		6.15
DRUGS	126	145		2,570.00		17.72	.006		20.40		.11
ANESTHESIA	15	16		1,100.00		68.75	.001		73.33		.05
PERIODONTICS	609	634		108,488.00		171.12	.026		178.14		4.50
ENDODONTICS	1,332	2 , 392		417,962.30		174.73	.099		313.79		17.33
RESTORATIVE DENTISTRY	5 , 338	14,711		1,065,186.10		72.41	.610		199.55		44.17
PROSTHETICS	84	93		2,430.00		26.13	.004		28.93		.10
DENTURES, STAYPLATES	163	665		57,102.68		85.87	.028		350.32		2.37
SPACE MAINTAINERS	129	184		15,974.74		86.82	.008		123.84		.66
MAXILLOFACIAL SERVICES	21	23		1,802.18		78.36	.001		85.82		.07
FRACTURES, DISLOCATIONS	2	2		140.00		70.00	.000		70.00		.01
ORTHODONTIC SERVICES	310	422		33,131.66		78.51	.017		106.88		1.37
ALL OTHER SERVICES	56	67		1,125.00		16.79	.003		20.09		.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 17,254
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

YOLO COUNTY

							M	ONT	'HLY AVERA	ΔGE	
24,116 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	125	334	\$	6,947.65	\$	20.80	.014	\$	55.58	\$.29
DIAGNOSTIC AND ANC. PROCED	66	66		3,075.87		46.60	.003		46.60		.13
EYE APPLIANCES	104	266		3,851.56		14.48	.011		37.03		.16
OTHER OPTOMETRIC SERVICES	2	2		20.22		10.11	.000		10.11		.00
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.000	\$	16.72	\$.00
VISITS	1	1		16.72		16.72	.000		16.72		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	48.78	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		48.78		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	50	55	\$	3,664.52	\$	66.63	.002	\$	73.29	\$.15
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$	54.36	\$	18.12	.000	\$	27.18	\$.00
@TOTAL HOSPITAL	1,579	9,886	\$	1,206,221.00	\$	122.01	.410	\$	763.91	\$	50.02
HOSP INPATIENT TOTAL	229	867		978,489.32		1128.59	.036		4272.88		40.57
HSC HOSPITALS	127	469		535,408.03		1141.59	.019		4215.81		22.20
NON-HSC HOSPITAL TOTAL	104	394		441,798.92		1121.32	.016		4248.07		18.32
ACCOMMODATIONS	104	394		149,172.86		378.61	.016		1434.35		6.19
ADMINISTRATIVE DAYS	1	8		1,690.90		211.36	.000		1690.90		.07
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	103	386		147,481.96		382.08	.016		1431.86		6.12
ANCILLARIES	104	0		292,626.06		.00	.000		2813.71		12.13
INPATIENT CROSSOVERS	2	4		1,282.37		320.59	.000		641.19		.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	1,459	9,019		227,731.68	25.25	.374	156.09		9.44
MEDICAL	187	214		7,907.21	36.95	.009	42.28		.33
SURGERY	86	99		4,689.91	47.37	.004	54.53		.19
PATHOLOGY	492	1,586		17,990.32	11.34	.066	36.57		.75
RADIOLOGY	252	325		19,155.08	58.94	.013	76.01		.79
ROOM USE	1,023	1,736		55,725.27	32.10	.072	54.47		2.31
CROSSOVERS/ALL OTH OUTPINT	916	5 , 059		122,263.89	24.17	.210	133.48		5.07
@COUNTY HOSPITAL TOTAL	4	9	\$	6,425.91	\$ 713.99	.000	\$ 1606.48	\$.27
CO HOSPITAL INPATIENT TOTAL	2	5		6,296.02	1259.20	.000	3148.01		.26
HSC HOSPITALS	2	5		6,296.02	1259.20	.000	3148.01		.26
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		129.89	32.47	.000	64.95		.01
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		6.04	6.04	.000	6.04		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	1	1		35.52	35.52	.000	35.52		.00
CROSSOVERS/ALL OTH OUTPINT	2	2		88.33	44.17	.000	44.17		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES M	MONTH-OF-PAYMENT RE	EPORT FOR JAN	1 2002 THRU	DEC 2002	PAG	GE 17,255
MOP024	FEE-FOR-SERVICE/DENT	AL							01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR 58 ALL	FAMI	LIES					

----- MONTHLY AVERAGE -----24,116 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 1,575 9,877 @COMMUNITY HOSPITAL TOTAL 1,199,795.09 \$ 121.47 .410 \$ 761.77 \$ 49.75 1127.83 COMM HOSP INPATIENT TOTAL 227 862 972,193.30 .036 4282.79 40.31 HSC HOSPITALS 464 529,112.01 1140.33 .019 4232.90 NON-HSC HOSPITALS TOTAL 104 394 441,798.92 1121.32 .016 4248.07 18.32 104 394 149,172.86 378.61 .016 1434.35 ACCOMMODATIONS 6.19 ADMINISTRATIVE DAYS 211.36 1690.90 1,690.90 .000 .07 0 0 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 1431.86 ALL OTHER ACCOM 103 386 147,481.96 382.08 .016 6.12 ANCILLARIES 104 0 292,626.06 .00 .000 2813.71 12.13 INPATIENT CROSSOVERS 1,282.37 320.59 .000 641.19 .05 ALL OTHER INPATIENT 0 .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 1,457 9,015 227,601.79 25.25 .374 156.21 9.44 MEDICAL 187 214 7,907.21 36.95 .009 42.28 .33 SURGERY 99 4,689.91 47.37 .004 54.53 .75 PATHOLOGY 491 1,585 17,984.28 11.35 .066 36.63 252 RADIOLOGY 325 19,155.08 58.94 .013 76.01 .79 1,022 1,735 55,689.75 32.10 .072 54.49 2.31 ROOM USE CROSSOVERS/ALL OTH OUTPTNT 5,057 122,175.56 24.16 .210 133.67 914 5.07 15 @STATE HOSPITAL 477 272,226.97 570.71 .020 \$ 18148.46 \$ 11.29 0 0 .00 MENTALLY ILL .00 .000 .00 .00 15 477 272,226.97 570.71 11.29 DEVELOP. DISABLED .020 18148.46 0 .00 .00 .000 \$.00 \$.00 @NURSING FACILITY .000 LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	3	\$	1,858.71	\$	619.57	.000	\$	619.57	\$.08
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	3		1,858.71		619.57	.000		619.57		.08
@REHABILITATION FACILITY	12	80	\$	1,457.26	\$	18.22	.003	\$	121.44	\$.06
HOSPITAL BASED	1	2		136.00		68.00	.000		136.00		.01
INDEPENDENT FACILITY	11	78		1,321.26		16.94	.003		120.11		.05
@LABORATORY FACILITY	696	1,720	\$	25 , 758.78	\$	14.98	.071	\$	37.01	\$	1.07
PATHOLOGY	696	1,720		25,758.78		14.98	.071		37.01		1.07
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,104	2,943	\$	213,616.70	\$	72.58	.122	\$	193.49	\$	8.86
CLINIC	367	1,897		98,281.80		51.81	.079		267.80		4.08
SURGICENTER	6	39		1,111.12		28.49	.002		185.19		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	732	1,007		114,223.78		113.43	.042		156.04		4.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	RES MONTH-	-OF-PAYMENT I	REPORT	FOR JAN 2002	THRU	DEC	2002	PA	GE 17,256
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	R 58 ALL	FAMILIES								

----- MONTHLY AVERAGE -----24,116 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 38.14 \$ 18.98 @ALL OTHER PROVIDERS 12,002 61,202 457,775.73 7.48 2.538 \$ 456.49 13 61 5,934.39 97.29 .003 DURABLE MED. EQUIP. BLOOD BANK 0 0 .00 .00 .000 .00 .00 0 .00 .000 .00 HEARING AID DISPENSERS .00 .00 656 8,536.27 13.01 155.20 MEDICAL TRANSPORTATION .027 .35 656 8,536.27 13.01 155.20 AMBULANCES/AIR TRANS .027 .35 .00 .00 .000 .00 OTHER TRANS .00 OTHER SERVICES 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 369 372 29,676.00 79.77 80.42 GENETIC DISEASE TESTING .015 1.23 0 0 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 35,668.43 OPTICIAN 1,814 3,805 9.37 .158 19.66 1.48 PHYSICAL THERAPIST 11 175.09 15.92 .000 175.09 .01 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 20 2,815.18 140.76 .001 402.17 .12 18 PROSTHETICS 2,650.48 147.25 .001 530.10 2 82.35 .000 82.35 ORTHOTICS 164.70 .01 .001 PSYCHOLOGIST 1,481.38 67.34 211.63 .06 49.60 99.19 SPEECH AND AUDIOLOGY 99.19 .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 0 43,739 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 9,821 370,139.49 8.46 1.814 37.69 15.35 LOCAL EDUCATION AGENCIES 0 .00 .00 .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 12,514 162.52 ALL OTHER PROVIDERS 3,250.31 .26 .519 .13 @CALIF. CHILDREN SERVICES* 632 222,682.04 \$ 352.35 .026 \$ 2061.87 \$

11 \$ 4,233.42 \$ 384.86 .000 \$ 423.34 \$.18 @XOVER EXCLUDING STATE HOSP** 10

01/17/03

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,257 MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

1,759 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,221	4,694 \$	199,535.44		2.669	163.42	\$ 113.44
@PHYSICIANS SERVICES	180	316 \$	10,777.30	\$ 34.11	.180 \$	59.87	\$ 6.13
OUTPATIENT VISITS	135	165	5,727.70	34.71	.094	42.43	3.26
OFFICE VISITS	103	123	4,005.63	32.57	.070	38.89	2.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	17	17	760.43	44.73	.010	44.73	.43
PREVENTIVE CARE	1	1	65.78	65.78	.001	65.78	.04
OB VISITS/COMPRE PERI	1	2	186.79	93.40	.001	186.79	.11
OTHER OUTPATIENT	19	22	709.07	32.23	.013	37.32	.40
INPATIENT VISITS	1	2	114.59	57.30	.001	114.59	.07
HOSPITAL VISITS	1	2	114.59	57.30	.001	114.59	.07
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	98.32	24.58	.002	24.58	.06
EXAMINATIONS	2	2	89.78	44.89	.001	44.89	.05
SERVICES AND MATERIALS	2	2	8.54	4.27	.001	4.27	.00
INPATIENT HOSPITAL SURGERY	0	0	186.56	.00	.000	.00	.11
PRINCIPAL SURGEON	0	0	186.56	.00	.000	.00	.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	9	19	965.64	50.82	.011	107.29	.55
PRINCIPAL SURGEON	8	9	366.79	40.75	.005	45.85	.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	10	598.85	59.89	.006	299.43	.34
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	15	25	126.85	5.07	.014	8.46	.07
RADIOLOGY	36	56	2,090.21	37.33	.032	58.06	1.19
PSYCHIATRY	1	1	32.98	32.98	.001	32.98	.02
IMMUNIZATION AND INJECTION	1	1	52.99	52.99	.001	52.99	.03
OTHER SERVICES/ALL X-OVERS	26	43	1,381.46	32.13	.024	53.13	.79
@PHARMACY	399	1,027 \$	•		.584 \$		
PRESCRIPTION DRUGS	396	983	76,941.53	78.27	.559	194.30	43.74
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	396	983	76,941.53	78.27	.559	194.30	43.74
MEDICAL SUPPLIES	13	4 4	1,519.39	34.53	.025	116.88	.86
@DENTIST	414	1,927 \$		\$ 36.19	1.096 \$		
VISITS - DIAGNOSTIC	288	1,290	18,237.50	14.14	.733	63.32	10.37
ORAL SURGERY	50	88	6,485.00	73.69	.050	129.70	3.69
DRUGS	5	5	75.00	15.00	.003	15.00	.04
ANESTHESIA	2	2	200.00	100.00	.001	100.00	.11
PERIODONTICS	12	12	2,055.00	171.25	.007	171.25	1.17
ENDODONTICS	34	63	12,909.00	204.90	.036	379.68	7.34
RESTORATIVE DENTISTRY	142	440	28,224.00	64.15	.250	198.76	16.05
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	1	1	25.00	25.00	.001	25.00	.01
SPACE MAINTAINERS	3	3	431.00	143.67	.002	143.67	.25

MAXILLOFACIAL SERVICES	1	1	126.09	126.09	.001	126.09	.07
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	11	16	945.00	59.06	.009	85.91	.54
ALL OTHER SERVICES	3	5	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2002 THRU DI	EC 2002	PAGE 17,258
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR 59 ALL MEI	DICALLY INDIGENT				

1010 000111	SOIHHILL OF SERV	TODO TOIL	0,0 111111	11001	OTTEN TINDIONI			M	רות	HLY AVERA	GE.	
1,759 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE.	RAGE COST	UNITS/DAY		COST PER	CL	COST PER
1,739 111011110	ОВЫКО	OR DAYS	-				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	11	011 21110	26	\$	627.26	\$	24.13	.015		57.02	Ś	.36
DIAGNOSTIC AND ANC. PROCED	9		9		391.47	'	43.50	.005		43.50		.22
EYE APPLIANCES	6		17		235.79		13.87	.010		39.30		.13
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	1		2	\$	20.90	\$	10.45		\$	20.90	\$.01
VISITS	1		2		20.90	•	10.45	.001		20.90		.01
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	86		257	\$	12,255.32	\$	47.69	.146	\$	142.50	\$	6.97
HOSP INPATIENT TOTAL	3		6		4,311.02		718.50	.003		1437.01		2.45
HSC HOSPITALS	3		6		4,311.02		718.50	.003		1437.01		2.45
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	C)		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	C)		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	C)		.00		.00	.000		.00		.00
ANCILLARIES	0	C)		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	C)		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	C)		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	83	251	_		7,944.30		31.65	.143		95.71		4.52
MEDICAL	20	23	3		1,145.90		49.82	.013		57.30		.65
SURGERY	8	7	7		432.09		61.73	.004		54.01		.25
PATHOLOGY	33	103	3		1,015.04		9.85	.059		30.76		.58
RADIOLOGY	23	25	5		2,314.25		92.57	.014		100.62		1.32
ROOM USE	49	61	_		2,335.21		38.28	.035		47.66		1.33
CROSSOVERS/ALL OTH OUTPTNT	21	32	2		701.81		21.93	.018		33.42		.40
@COUNTY HOSPITAL TOTAL	2	5	5 \$	5	177.88	\$	35.58	.003	\$	88.94	\$.10
CO HOSPITAL INPATIENT TOTAL	0	C)		.00		.00	.000		.00		.00
HSC HOSPITALS	0	C)		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	C)		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	C)		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	C)		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	C)		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	C)		.00		.00	.000		.00		.00
ANCILLARIES	0	C)		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	C)		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	C)		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	5	5		177.88		35.58	.003		88.94		.10
MEDICAL	1	1	-		61.75		61.75	.001		61.75		.04
SURGERY	0	C)		.00		.00	.000		.00		.00
PATHOLOGY	0	C)		8.39		.00	.000		.00		.00
RADIOLOGY	1	1	-		24.10		24.10	.001		24.10		.01
ROOM USE	2	2	2		67.02		33.51	.001		33.51		.04
CROSSOVERS/ALL OTH OUTPTNT	1	1	-		16.62		16.62	.001		16.62		.01
	MEDI-CAL SERVICE		TURES	MONT	H-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 17,259
MOP024	FEE-FOR-SERVICE/											01/17/03
YOLO COUNTY	SUMMARY OF SERVI	CES FOR 59 A	ALL ME	DICAL	LY INDIGENT							
										HLY AVERA		
1,759 ELIGIBLES	USERS	UNITS OF SERV			EXPENDITURES			UNITS/DAY		COST PER		OST PER
		OR DAYS OF C					UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	84	252	2 \$	5	12,077.44	\$	47.93	.143	\$	143.78	\$	6.87

1,759 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST :	
@COMMUNITY HOSPITAL TOTAL	84	252	\$ 12,077.44	\$ 47.93	.143	\$ 143.78	\$ 6	.87
COMM HOSP INPATIENT TOTAL	3	6	4,311.02	718.50	.003	1437.01	2	.45
HSC HOSPITALS	3	6	4,311.02	718.50	.003	1437.01	2	.45
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	81	246	7,766.42	31.57	.140	95.88	4	.42
MEDICAL	19	22	1,084.15	49.28	.013	57.06		.62
SURGERY	8	7	432.09	61.73	.004	54.01		.25
PATHOLOGY	33	103	1,006.65	9.77	.059	30.50		.57
RADIOLOGY	22	24	2,290.15	95.42	.014	104.10	1	.30
ROOM USE	47	59	2,268.19	38.44	.034	48.26	1	.29
CROSSOVERS/ALL OTH OUTPTNT	20	31	685.19	22.10	.018	34.26		.39
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	4	7	\$	373.89	\$	53.41	.004	\$	93.47	\$.21
HOSPITAL BASED	4	7		373.89		53.41	.004		93.47		.21
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	24	60	\$	764.36	\$	12.74	.034	\$	31.85	\$.43
PATHOLOGY	24	60		764.36		12.74	.034		31.85		.43
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	59	96	\$	8,552.23	\$	89.09	.055	\$	144.95	\$	4.86
CLINIC	2	12		222.51		18.54	.007		111.26		.13
SURGICENTER	1	6		231.21		38.54	.003		231.21		.13
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	56	78		8,098.51		103.83	.044		144.62		4.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2002	2 THRU	DEC	2002	PAC	SE 17,260
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	59 ALI	MED:	ICALLY INDIGENT							

----- MONTHLY AVERAGE -----1,759 ELIGIBLES USERS AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 250 .555 \$ 71.84 \$ @ALL OTHER PROVIDERS 976 17,960.67 \$ 18.40 10.21 7 63.10 513.83 DURABLE MED. EQUIP. 57 3,596.81 .032 2.04 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 15.02 MEDICAL TRANSPORTATION 10 150.15 .006 150.15 .09 10 AMBULANCES/AIR TRANS 150.15 15.02 .006 150.15 .09 0 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 4,414.00 84.88 .030 88.28 2.51 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .000 129 1,086.04 8.42 17.52 OPTICIAN .073 .62 .00 .00 PHYSICAL THERAPIST .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .72 PROSTHETIST/ORTHOTISTS 1,258.23 139.80 .005 629.12 PROSTHETICS 1,258.23 139.80 .005 629.12 .72 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .000 HOSPICE SERVICES .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	127	716	7,041.44	9.83	.407	55.44	4.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	3	414.00	138.00	.002	138.00	.24
@CALIF. CHILDREN SERVICES*	38	158	\$ 20,742.24	\$ 131.28	.090	\$ 545.85	\$ 11.79
@XOVER EXCLUDING STATE HOSP**	4	6	\$ 417.07	\$ 69.51	.003	\$ 104.27	\$.24

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,261
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPU24	FEE-FOR-SERVIC									01/1//03
YOLO COUNTY	SUMMARY OF SER	VICES FOR	60 RENA	AL DIALY	SIS		AID COL	-		
								Mo		
12 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY:		COST PER
		OR DAYS		₹.		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10		27	\$	875.06	\$	32.41	2.250	87.51	\$ 72.92
@PHYSICIANS SERVICES	1		1	\$	15.13	\$	15.13	.083	\$ 15.13	\$ 1.26
OUTPATIENT VISITS	0		0		.00		.00	.000	.00	.00
OFFICE VISITS	0		0		.00		.00	.000	.00	.00
HOME VISITS	0		0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00	.00
INPATIENT VISITS	0		0		4.23		.00	.000	.00	.35
HOSPITAL VISITS	0		0		.00		.00	.000	.00	.00
CRITICAL CARE	0		0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		4.23		.00	.000	.00	.35
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00	.00
EXAMINATIONS	0		0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00	.00
DIALYSIS	0		0		.00		.00	.000	.00	.00
PATHOLOGY	0		0		.00		.00	.000	.00	.00
RADIOLOGY	1		1		10.90		10.90	.083	10.90	.91
PSYCHIATRY	0		0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000	.00	.00
@PHARMACY	10		26	\$	857.68	\$	32.99	2.167	\$ 85.77	\$ 71.47
PRESCRIPTION DRUGS	10		26		857.68		32.99	2.167	85.77	71.47
SNF/ICF	0		0		.00		.00	.000	.00	.00
OUTPATIENTS	10		26		857.68		32.99	2.167	85.77	71.47
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0	•	.00	•	.00	.000	.00	.00
ORAL SURGERY	0		0		.00		.00	.000	.00	.00
DRUGS	0		0		.00		.00	.000	.00	.00
ANESTHESIA	0		0		.00		.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 17,262
MOP024	FEE-FOR-SERVICE/DENTAI						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FO	OR 60 RENAL DIA	LYSIS	AID CODE	S		
				_	MONTH	ILY AVERAC	SE

12 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED .00 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .000 \$ @CHIROPRACTOR \$.00 \$.00 .00 \$.00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 0 .00 Ś .00 .000 .00 Ś .00 0 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 .00 OTHER 0 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 .00 .00 \$.00 \$.00 .000 .00 \$.00 NURSE ANESTHESIST \$.00 .000 .00 Ś NURSE MIDWIFE .00 .00 PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 2.25 @TOTAL HOSPITAL .00 .000 .00 .19 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .000 0 .00 .00 .00 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 . 00 .000 . 00 .00 2.25 .00 .000 .00 .19 HOSP OUTPATIENT TOTAL .00 .00 .00 MEDICAL .000 .00 0 2.25 SURGERY .00 .000 .00 .19 PATHOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .00 ROOM USE .000 .00 0 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT .000 .00 .00 .00 .00 @COUNTY HOSPITAL TOTAL .000 .00 .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTR/	ATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITION	NAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER	ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	S	0		0		.00	.00	.000	.00		.00
INPATIENT CF	ROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER IN	NPATIENT	0		0		.00	.00	.000	.00		.00
CO HOSP OUTPA	ATIENT TOTAL	0		0		.00	.00	.000	.00		.00
MEDICAL		0		0		.00	.00	.000	.00		.00
SURGERY		0		0		.00	.00	.000	.00		.00
PATHOLOGY		0		0		.00	.00	.000	.00		.00
RADIOLOGY		0		0		.00	.00	.000	.00		.00
ROOM USE		0		0		.00	.00	.000	.00		.00
CROSSOVERS/I	ALL OTH OUTPTNT	0		0		.00	.00	.000	.00		.00
#CALIF DEPT OF	HEALTH SERV	MEDI-CAL SERVI	CES AND EX	PENDITUR	RES MONT	H-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE	17,263
MOP024		FEE-FOR-SERVIC	E/DENTAL							0	1/17/03
YOLO COUNTY		SUMMARY OF SER	VICES FOR	60 RENA	L DIALY	SIS	AID CO	DES			
								MON	ITHLY AVERA	GE	
12 EJ	LIGIBLES	USERS	UNITS OF	SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
			OR DAYS	OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@COMMUNITY HOSE	PITAL TOTAL	0		0	\$	2.25	\$.00	.000 \$.00	\$.19
COMM HOSP IN	PATIENT TOTAL	0		0		.00	.00	.000	.00		.00
HSC HOSPITAI	LS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSE	PITALS TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATI	IONS	0		0		.00	.00	.000	.00		.00
ADMINISTR/	ATIVE DAYS	0		0		.00	.00	.000	.00		.00
	NAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER	ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	S	0		0		.00	.00	.000	.00		.00

.00

.00

2.25

.00

.00

.00

.00

.00

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.19

.00

0

0

0

0

0

0

0

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

17111011011	0		0		• 0 0		• 0 0	.000		• 0 0		• 0 0
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	•	.00	·	.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
LEV A-INTERMEDIATE	0		0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
	0		0							.00		
LEV B-REHAB MD	0		0		.00		.00	.000				.00
LEV B-SUBACUTE FREESTANDING	U		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	•	.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
HOSPITAL BASED	0		0	Ÿ	.00	۲	.00	.000	Y	.00	Y	.00
	0		0									
INDEPENDENT FACILITY	0			Ć	.00	Ċ	.00	.000	Ċ	.00	ċ	.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	Þ	.00	Ş	.00
PATHOLOGY	Ü		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	Ş	.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPE	NDITURE	ES MONTH-C	F-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PI	AGE 17,264
MOP024	FEE-FOR-SERVICE	E/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 60	O RENAI	L DIALYSIS	3		AID COD	DES				
								M	ОИТ	HLY AVERA	3E -	
12 ELIGIBLES	USERS	UNITS OF SE	ERVICE	E.S	KPENDITURES	AVE	RAGE COST					COST PER
12 111011110	ODLINO	OR DAYS OF		112	II DINDITORDO		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	OIC DITTO OF	0	\$.00	\$.00	.000		.00		.00
DURABLE MED. EQUIP.	0		0	Y	.00	Y	.00	.000	Y	.00	Y	.00
-	0											
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	Ü		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		.00
- POSTERTIST/UKTEUTISTS	U		U				. 00	. 000		. 00		. 00

0

0

SURGERY PATHOLOGY 2.25

.000

.00

.00

.19

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,265 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY	SUMMARY OF SERVI	CES FOR 61	TOTAL	PAREN	TERAL NUTRITION	AID COD	ES		
							MO		
00 ELIGIBLES	USERS	UNITS OF SE			EXPENDITURES		UNITS/DAYS	ST PER	COST PER
		OR DAYS OF				UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0 5	\$.00	\$.00	.000	.00	\$.00
@PHYSICIANS SERVICES	0		0 5	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0 5	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0		.00		00	.000	.0	0	.00
@DENTIST	0	0	\$.00	\$.	00	.000	\$.0	0 \$.00
VISITS - DIAGNOSTIC	0	0		.00		00	.000	.0	0	.00
ORAL SURGERY	0	0		.00		00	.000	.0	0	.00
DRUGS	0	0		.00		00	.000	.0	0	.00
ANESTHESIA	0	0		.00		00	.000	.0	0	.00
PERIODONTICS	0	0		.00		00	.000	.0	0	.00
ENDODONTICS	0	0		.00		00	.000	.0	0	.00
RESTORATIVE DENTISTRY	0	0		.00		00	.000	.0	0	.00
PROSTHETICS	0	0		.00		00	.000	.0	0	.00
DENTURES, STAYPLATES	0	0		.00		00	.000	.0	0	.00
SPACE MAINTAINERS	0	0		.00		00	.000	.0	0	.00
MAXILLOFACIAL SERVICES	0	0		.00		00	.000	.0	0	.00
FRACTURES, DISLOCATIONS	0	0		.00		00	.000	.0	0	.00
ORTHODONTIC SERVICES	0	0		.00		00	.000	.0	0	.00
ALL OTHER SERVICES	0	0		.00		00	.000	.0	0	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH-OF-	PAYMENT RE	PORT FOR	JAN 2002	THRU	DEC 2002		PAGE 17,266
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	61 TOTA	AL PARENTERAL	NUTRITION	I Al	D CODES				

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 .00 .000 VISITS .00 .00 . 00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 .00 .00 .00 MEDICINE/INJECTIONS .000 .00 .000 SURGERY/ANES. .00 .00 .00 .00 .000 RADIO./PATHOLOGY .00 .00 .00 .00 .00 .00 OTHER .00 .000 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 \$.00 .00 \$.00 \$.00 .000 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 \$.00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 \$.00 FAMILY NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$.00 @TOTAL HOSPITAL .00 \$.00 .000 \$.00 \$.00 0 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL .000 .00 .00 .00 .00 MEDICAL .000 .00 .00 .00 .000 .00 SURGERY PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00

.00

.00

.000

.00

.00

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DEC	2002	PAGE 17,267
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	61 TOTAL	PARENTERAL NUTRITION	AID CODES			
					MONT	THLY AVERAGE	:

AVERAGE COST UNITS/DAYS COST PER 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 \$.00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 MEDICAL .00 .00 .000 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 ROOM USE 0 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 @STATE HOSPITAL .00 . 00 .000 \$.00 .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .00 .00 .000 0 .00 .00 .000 @NURSING FACILITY .00 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .00 .00 .000 0 .00 .00 .00 .000 .00 LEV B-REGULAR @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 .00 .00 ICF DDH .00 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00

ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	Ś	.00	Ś	.00	.000	Ś	.00	Ċ	.00
HOSPITAL BASED	0		0	۲	.00	۲	.00	.000	۲	.00	Ų	.00
	0		0									
HEMODIALYSIS CENTER	0		0	Ċ	.00	Ċ	.00	.000	ċ	.00	Ċ	.00
@REHABILITATION FACILITY	U		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	U		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	0		0	\$.00	Ş	.00	.000	\$.00	Ş	.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXP	ENDITUR	ES MO	NTH-OF-PAYMENT RE	PORT F	OR JAN	2002 THRU	DEC	2002	PAG	E 17,268
MOP024	THE HOD CHRISTON / DI											01/17/00
MOPU24	FEE-FOR-SERVICE/DE	£N'I'AL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICE		61 TOTA	L PAR	ENTERAL NUTRITION	ī	AID CO	DES				01/1//03
			61 TOTA	L PAR	ENTERAL NUTRITION	Ī	AID CO	-	ONTI	HLY AVERA	GE	01/1//03
	SUMMARY OF SERVICE				ENTERAL NUTRITION EXPENDITURES			-		HLY AVERA		01/17/03 ST PER
YOLO COUNTY	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE			AVERA		M UNITS/DAY	S (CC	
YOLO COUNTY 00 ELIGIBLES	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE			AVERA	GE COST	M UNITS/DAY	S (COST PER	CC	ST PER
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES	AVERA	GE COST	M UNITS/DAY PER ELIG	S (COST PER USER	CC EI	ST PER
YOLO COUNTY 00 ELIGIBLES	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00	AVERA	AGE COST JNIT/DAY .00 .00	UNITS/DAY PER ELIG .000	S (COST PER USER .00	CC EI	ST PER IGIBLE .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00 .00	AVERA	GE COST	M UNITS/DAY PER ELIG .000	S (COST PER USER .00	CC EI	ST PER IGIBLE .00 .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00	AVERA	AGE COST INIT/DAY .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S (COST PER USER .00 .00 .00	CC EI	OST PER IGIBLE .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00	AVERA	AGE COST INIT/DAY .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000	S (USER .00 .00 .00 .00 .00	CC EI	OST PER IGIBLE .00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00 .00	AVERA	AGE COST INIT/DAY .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000	S (USER	CC EI	.00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVERA	AGE COST UNIT/DAY .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	S (USER	CC EI	.00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERA	AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S (USER	CC EI	.00 .00 .00 .00 .00 .00
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA	.GE COST UNIT/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	S (USER	CC EI	ST PER
YOLO COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERA	AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S (USER	CC EI	.00 .00 .00 .00 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,269
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

IOLO COUNTI	SUMMARI OF SERV	ICES FOR 02 IRCA A	ТТБИО	AI	D CODES SI SZ	30		
						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DI	EC 2002	PAGE 17,270
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

YOLO COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .000 \$ @CHIROPRACTOR .00 .00 .00 .00 .00 .00 VISITS .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$.00 .00 .000 \$.00 @PODIATRIST .00 .00 .00 MEDICINE/INJECTIONS .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 .00 NURSE ANESTHESIST .00 .00 .000 .00 Ś .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 @TOTAL HOSPITAL .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU DEC	2002	PAGE 17,271
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	62 IRCA A	ALIENS	AID CODES 51 5	2 56		
					MONT	THIV AVERAC	F

				MON'	THLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0	\$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	\$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	\$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		OR DAYS OF CARE 0	OR DAYS OF CARE OR DAY	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER ELIG 0 0 \$.00 \$.00 .00 .00 .00 .00 .00 \$.00 \$.00	OR DAYS OF CARE O

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
LEV B-REGULAR	0	0		.00		.00	.000		.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00	.00
ICF DD	0	0		.00		.00	.000		.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
XO AND OTHERS	0	0		.00		.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00	.00
SURGICENTER	0	0		.00		.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-O	F-PAYMENT R	REPORT	FOR JAN 2002	THRU	DEC	2002	E 17,272
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	62 IRC	A ALIENS	A	AID COI	DES 51 52 56				

			-		MON	THLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,273 MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

1010 000111	DOILING OF BEIN	VIOLE 1010 00 111711	.,	WIIII001 DID 11.	ID CODE OO OO	V1	NIMIT 17 NITTON	C.D.
							NTHLY AVERA	-
03 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	82	143	\$	10,977.97	\$ 76.77	47.667	\$ 133.88	\$ 3659.32
@PHYSICIANS SERVICES	22	27	\$	1,631.05	\$ 60.41	9.000	\$ 74.14	\$ 543.68
OUTPATIENT VISITS	0	0		56.18	.00	.000	.00	18.73
OFFICE VISITS	0	0		4.20	.00	.000	.00	1.40
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		7.08	.00	.000	.00	2.36
OTHER OUTPATIENT	0	0		44.90	.00	.000	.00	14.97
INPATIENT VISITS	0	0		8.34	.00	.000	.00	2.78
HOSPITAL VISITS	0	0		8.34	.00	.000	.00	2.78
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		348.43	.00	.000	.00	116.14
PRINCIPAL SURGEON	0	0		318.40	.00	.000	.00	106.13
ASSISTANT SURGEON	0	0		22.18	.00	.000	.00	7.39
ANESTHESIOLOGIST	0	0		7.85	.00	.000	.00	2.62
OUTPATIENT SURGERY	1	1		505.96	505.96	.333	505.96	168.65
PRINCIPAL SURGEON	1	1		505.96	505.96	.333	505.96	168.65

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	6.44	.00	.000	.00	2.15
RADIOLOGY	21	26	705.70	27.14	8.667	33.60	235.23
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	6	15 \$	286.28	\$ 19.09	5.000	\$ 47.71	\$ 95.43
PRESCRIPTION DRUGS	6	15	286.28	19.09	5.000	47.71	95.43
SNF/ICF	2	8	227.23	28.40	2.667	113.62	75.74
OUTPATIENTS	4	7	59.05	8.44	2.333	14.76	19.68
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	11	19 \$	170.00	\$ 8.95	6.333	\$ 15.45	\$ 56.67
VISITS - DIAGNOSTIC	9	13	170.00	13.08	4.333	18.89	56.67
ORAL SURGERY	2	3	.00	.00	1.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	.00	.00	.667	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	1	1	.00		.333	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 17,274

MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						M	ONT	THLY AVERA	GΕ	
03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	5	\$ 264.47	\$	52.89	1.667	\$	66.12	\$	88.16
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

01/17/03

ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	5			264.47		52.89	1.667		66.12		88.16
MEDICAL	0	0			20.77		.00	.000		.00		6.92
SURGERY	0	0			1.12		.00	.000		.00		.37
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	3	4			112.94		28.24	1.333		37.65		37.65
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	1	1			129.64		129.64	.333		129.64		43.21
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU:	IRES	MONTH	-OF-PAYMENT RI	EPOR	T FOR JAN 2	2002 THRU	DEC	2002	PA	GE 17,275
MOP024	FEE-FOR-SERVICE/DENTAL											01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	63 MI/	MN	ALIEN	WITHOUT SIS A	ID C	ODE 55 58 !	5F				
								M	ONTI	HLY AVERA	GE -	

					MON	ITHLY AVERA	GE
03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	5	\$ 264.47	\$ 52.89	1.667	66.12	\$ 88.16
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	5	264.47	52.89	1.667	66.12	88.16
MEDICAL	0	0	20.77	.00	.000	.00	6.92
SURGERY	0	0	1.12	.00	.000	.00	.37
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	4	112.94	28.24	1.333	37.65	37.65
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	1	129.64	129.64	.333	129.64	43.21
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	30	\$	3,456.30	\$	115.21	10.000	\$	3456.30	\$	1152.10
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	30		3,456.30		115.21	10.000		3456.30		1152.10
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	2	\$	1,413.86	\$	706.93	.667	\$	706.93	\$	471.29
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	2		1,413.86		706.93	.667		706.93		471.29
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	7.60	\$	7.60	.333	\$	7.60	\$	2.53
PATHOLOGY	1	1		7.60		7.60	.333		7.60		2.53
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12	17	\$	1,391.41	\$	81.85	5.667	\$	115.95	\$	463.80
CLINIC	0	0		2.35		.00	.000		.00		.78
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	17		1,389.06		81.71	5.667		115.76		463.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITUR	ES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	Р	AGE 17,276

01/17/03

----- MONTHLY AVERAGE -----

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	27	27 \$	2,357.00	\$ 87.30	9.000 \$	87.30	\$ 785.67
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	27	27	2,357.00	87.30	9.000	87.30	785.67
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ 40.50	\$.00	.000	\$.00	\$ 13.50
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 1,413.86	\$ 706.93	.667	\$ 706.93	\$ 471.29

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,277
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SER	VICES FOR 64 REFU	JGEES	A.	ID CODES 01 02			
								GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	120	478	\$	52,020.72	\$ 108.83	.000 \$		
@PHYSICIANS SERVICES	1	2	\$	147.86	\$ 73.93	.000 \$		•
OUTPATIENT VISITS	0	0		23.28	.00	.000	.00	.00
OFFICE VISITS	0	0		23.28	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		4.56	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		4.56	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		22.15	.00	.000	.00	.00
RADIOLOGY	0	0		60.66	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2		37.21	18.61	.000	37.21	.00
@PHARMACY	1	1	\$	19.64	\$ 19.64	.000 \$		\$.00
PRESCRIPTION DRUGS	1	1	•	19.64	19.64	.000	19.64	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1	1		19.64	19.64	.000	19.64	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	95	413	\$	37,703.00	\$ 91.29	.000 \$		\$.00
VISITS - DIAGNOSTIC	46	132	'	3,642.00	27.59	.000	79.17	.00
ORAL SURGERY	17	37		2,636.00	71.24	.000	155.06	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
	o .	9		• 0 0	• 00	• • • •	. 5 0	• • •

	1.0		1.0		1 055 00		105 50	0.00		105 50		0.0
PERIODONTICS	10		10		1,855.00		185.50	.000		185.50		.00
ENDODONTICS	23		39		10,500.00		269.23	.000		456.52		.00
RESTORATIVE DENTISTRY	55		187		16,540.00		88.45	.000		300.73		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4		8		2,530.00		316.25	.000		632.50		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXI	PENDITU	RES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P <i>1</i>	AGE 17,278
MOP024	FEE-FOR-SERVICE	E/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERV	JICES FOR	64 REF	JGEES	А	ID CC	DES 01 02	08				
								Mo	TNC	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF	SERVIC	₹	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER	(COST PER
		OR DAYS	OF CAR	₹		PEF	UNIT/DAY	PER ELIG		USER	J	ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	·	.00	·	.00	.000	•	.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ś		Ś	.00
VISITS	0		0	'	.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0		0	'	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	Ś	.00	\$.00	.000	\$.00	Ś	.00
NURSE ANESTHESIST	0		0	Ś	.00	Ś	.00	.000	Š	.00	Ś	.00
NURSE MIDWIFE	n		0	Š	.00	Ś	.00	.000	Š	.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0		0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
			O	Ψ.	.00	Ψ.	• 0 0	.000	~	.00	~	• 0 0

	2	^	0.0	0.0	000 4	0.0	• 00
FAMILY NURSE PRACTITIONER	0	0 \$.00 \$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	1CR \$	7.88 \$	7.88CR	.000 \$		\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	1CR	7.88	7.88CR	.000	.00	.00
MEDICAL	0	0	32.60	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	1CR	24.72CR	24.72	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	O					PAGE 17,279
MOP024	FEE-FOR-SERVICE/DENTAL	VERNOTIONES MON	VIII OF FAIMENT REFOR	XI FOR UAN 200	Z IIIKO DEC	2002	01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	6/ DEFLICEES	ATD (CODES 01 02 08			01/11/03
IOLO COUNTI	SOMMANI OF SERVICES FOR	04 NEFOGEES	AID		MONTH	TV NUEDAC	`F
00 ELIGIBLES	USERS UNITS O	F SERVICE	EXPENDITURES AV	/ERAGE COST UN		OST PER	COST PER
00 ETIGIDID		S OF CARE			ER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0 OK DA1	1CR \$	7.88 \$	7.88CR	.000 \$.00	
GCOMMONILL HOSPITAL TOTAL	U	TCK 3	/.00 P	/.ooCR	.000 \$.00	٠.٠٠

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	1CR \$	7.88	\$ 7.88CR	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	1CR	7.88	7.88CR	.000	.00	.00
MEDICAL	0	0	32.60	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	1CR		24.72CR	₹	24.72	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	-	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$	13,332.75	\$.00	.000		\$.00
MENTALLY ILL	0	0	٧	.00	Ÿ	.00	.000	.00	Y	.00
	0									
DEVELOP. DISABLED	U	0	_	13,332.75	_	.00	.000	.00	_	.00
@NURSING FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0	٧	.00	٧	.00	.000	.00	Y	.00
	0	0								
ICF DD	0			.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		\$.00
PATHOLOGY	0	0	т	.00	т	.00	.000	.00	Τ.	.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
	0		Ċ		Ċ				ċ	
@ORGANIZED OUTPATIENT CLINIC	U	0	\$.00	\$.00		\$.00	\$.00
CLINIC	Ü	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT RE	PORT	FOR JAN 2	2002 THRU D	EC 2002	Р	AGE 17,280
MOP024	FEE-FOR-SERVIC	E/DENTAL								01/17/03
YOLO COUNTY	SUMMARY OF SER	VICES FOR 64 REFU	GEES	AI	D CC	DES 01 02	08			
							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
00 221013220	00210	OR DAYS OF CARE		2111 2113 1 1 0 1 (2 0		UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	32	63	\$	809.59	\$	12.85	.000			.00
DURABLE MED. EQUIP.	0	0	۲	.00	Y	.00	.000	.00	Υ.	.00
-	0									
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	U	U		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	1	1		55.00		55.00	.000	55.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
	31	62		754.59		12.17	.000	24.34		.00
OPTICIAN										
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR \$	32.80CR \$	32.80	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 17,281

01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M ON

YOLO COUNTY	SUMMARY OF SER	VICES FOR 65 BCCTP-FEDEF	RAL	AID CODES 0M	ON		
					MON'	THLY AVERAG	Ξ
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	11	35 \$	1,324.08	\$ 37.83	.000 \$	120.37	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	10	33	\$	1,298.00	\$	39.33	.000	\$	129.80	\$.00
VISITS - DIAGNOSTIC	6	11		313.00		28.45	.000		52.17		.00
ORAL SURGERY	2	3		116.00		38.67	.000		58.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	3		330.00		110.00	.000		165.00		.00
RESTORATIVE DENTISTRY	1	4		274.00		68.50	.000		274.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	12		265.00		22.08	.000		132.50		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MONTH-	F-PAYMENT R	EPOR?	r for jan 2	2002 THRU I	DEC	2002	P	AGE 17,282
MOP024	FEE-FOR-SERVICE										01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 65 BCCT	P-FEDERAL		AII	CODES OM					
							MC			-	
00 ELIGIBLES	USERS	UNITS OF SERVICE		KPENDITURES			UNITS/DAYS	5 (COST PER		COST PER
_	_	OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	_	.00	_	.00	.000	_	.00	_	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	Λ	Λ		\cap		\cap	$\cap \cap \cap$		\cap		$\cap \cap$

	OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST 0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED 0	0	.00		.00	.000	.00	.00
EYE APPLIANCES 0	0	.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES 0	0	.00		.00	.000	.00	.00
@CHIROPRACTOR 0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS 0	0	.00		.00	.000	.00	.00
OTHER SERVICES 0	0	.00		.00	.000	.00	.00
@PODIATRIST 0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS 0	0	.00		.00	.000	.00	.00
SURGERY/ANES. 0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY 0	0	.00		.00	.000	.00	.00
OTHER 0	0	.00		.00	.000	.00	.00
@HOME HEALTH AGENCY 0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST 0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE 0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER 0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL 0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL 0	0	.00		.00	.000	.00	.00
HSC HOSPITALS 0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL 0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS 0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS 0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE 0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM 0	0	.00		.00	.000	.00	.00
ANCILLARIES 0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS 0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT 0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL 0	0	.00		.00	.000	.00	.00
MEDICAL 0	0	.00		.00	.000	.00	.00
SURGERY 0	0	.00		.00	.000	.00	.00
PATHOLOGY 0	0	.00		.00	.000	.00	.00
RADIOLOGY 0	0	.00		.00	.000	.00	.00
ROOM USE 0	0	.00		.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES M	IONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 17,283
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	65 BCCTP-FE	DERAL	AID CODES OM	ON		
					MONTH	HLY AVERAC	GE
00 ELIGIBLES		F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
	OR DAY	S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL ORDED ACCOM	0	0			.00		0.0		.000		.00		0.0
ALL OTHER ACCOM	•	•					.00						.00
ANCILLARIES	0	0			.00		.00		.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00		.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00		.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0			.00		.00		.000		.00		.00
MEDICAL	0	0			.00		.00		.000		.00		.00
SURGERY	0	0			.00		.00		.000		.00		.00
PATHOLOGY	0	0			.00		.00		.000		.00		.00
RADIOLOGY	0	0			.00		.00		.000		.00		.00
ROOM USE	0	0			.00		.00		.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0			.00		.00		.000		.00		.00
	0		ċ			÷				ċ		ċ	
@STATE HOSPITAL	0	0	\$.00	\$.00		.000	\$.00	\$.00
MENTALLY ILL	U	0			.00		.00		.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00		.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00		.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00		.000		.00		.00
LEV B-REGULAR	0	0			.00		.00		.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		.000	\$.00	\$.00
ICF DDH	0	0	Υ		.00	Υ	.00		.000	Υ	.00	Υ	.00
	0	0			.00								
ICF DD	0						.00		.000		.00		.00
ICF DDN/DDCN	U	0			.00	_	.00		.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00		.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00		.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00		.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		.000	\$.00	\$.00
PATHOLOGY	0	0			.00		.00		.000		.00		.00
XO AND OTHERS	0	0			.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00		.000	\$.00	\$.00
CLINIC	0	0	-T		.00	т	.00		.000	т.	.00	т.	.00
SURGICENTER	0	0			.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00		.000		.00		
	0	0			.00		.00		.000				.00
RURAL HEALTH CLINIC		•	IDEC 1	ACNUMIA OF DAVI						DEG	.00	ъ.	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		URES I	MONTH-OF-PAYI	MENT RE	FPORT	FOR JAN	2002 1	THKU	DEC	2002	P	AGE 17,284
MOP024	FEE-FOR-SERVICE/		~				~~~~	0					01/17/03
YOLO COUNTY	SUMMARY OF SERVI	CES FOR 65 BC	CTP-FI	EDERAL		AID	CODES 0M						
											HLY AVERA	-	
00 ELIGIBLES	USERS	JNITS OF SERVI		EXPENDI'	FURES		RAGE COST		- ,	-	COST PER		COST PER
		OR DAYS OF CA	RE			PER	UNIT/DAY				USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$:	26.08	\$	13.04		.000	\$	26.08	\$.00
DURABLE MED. EQUIP.	0	0			.00		.00		.000		.00		.00
BLOOD BANK	0	0			.00		.00		.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00		.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00		.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00		.000		.00		.00
OTHER TRANS	0	0			.00		.00		.000		.00		.00
OTHER SERVICES	0	0			.00		.00		.000		.00		.00
ACUPUNCTURE	0	0			.00		.00		.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00		.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00		.000		.00		.00
GENETIC DISEASE LESTING	U	U			.00		.00	•	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	1	2	26.08	-	L3.04	.000	26.08	.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,285 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

IOLO COUNTI	SUMMARI OF SERV	ICES FOR 00 DCCI	LE-ONTI	AID CODES OR OI					
						MON	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00	
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00	
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00	
OFFICE VISITS	0	0		.00	.00	.000	.00	.00	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE:	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU D	DEC 2002	PAGE 17,286
MOP024	FEE-FOR-SERVICE/DENTA	.L					01/17/03

AID CODES OR OT

SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY

YOLO COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 EYE APPLIANCES .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 @CHIROPRACTOR \$.00 .000 \$.00 .00 .000 .00 VISITS .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 0 .00 .000 \$.00 \$.00 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .000 @HOME HEALTH AGENCY 0 .00 \$.00 .00 \$.00 NURSE ANESTHESIST .00 .00 .000 .00 Ś .00 NURSE MIDWIFE .00 \$.00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER 0 @TOTAL HOSPITAL .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 \$.00	·
	0	0					.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	· ·	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 17,287
MOP024	FEE-FOR-SERVICE	,					01/17/03
YOLO COUNTY	CIIMMADV OF CEDIA	TORO ROD 66 DOCED CEN		7 ID CODEC OD	\cap \square		
TODO COUNTI	SUMMART OF SERV	ICES FOR 66 BCCTP-STA	TE-ONLY	AID CODES OR			
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	TE-ONLY EXPENDITURES	AVERAGE COST	MONT UNITS/DAYS	COST PER	COST PER
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONT UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
00 ELIGIBLES	USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$.00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00	MONT UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00	COST PER ELIGIBLE \$.00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD

LEV B-SUBACUTE FREESTANDING

0

0

.00

.00

.00

.00

.000

.000

.00

.00

.00

D 011D3011EE 110DE1 D30ED	0	0	0.0	0.0	0.00	0.0	0.0
LEV B-SUBACUTE HSPTL BASED	Ü	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DEG	C 2002	PAGE 17,288
MOP024	FEE-FOR-SERVICE/DENTAI						01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FO	OR 66 BCCTP-S	TATE-ONLY	AID CODES OR	. OT		
					MON'	THLY AVERAC	E
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00

.00

.00

.000

.00

.00

0

0

MEDICAL TRANSPORTATION

AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN A	S A SEPARATE	INFORMATION	ITEM ONLY:					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,289 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 YOLO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

					MON	THLY AVERAG	F
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
OO EDIGIDDES	ODLING	OR DAYS OF CARE	EXTENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	11	35 \$	1,324.08	\$ 37.83	.000 \$		\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	10	33 \$	1,298.00	\$ 39.33	.000	\$ 129.80	\$.00
VISITS - DIAGNOSTIC	6	11	313.00	28.45	.000	52.17	.00
ORAL SURGERY	2	3	116.00	38.67	.000	58.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	3	330.00	110.00	.000	165.00	.00
RESTORATIVE DENTISTRY	1	4	274.00	68.50	.000	274.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	12	265.00	22.08	.000	132.50	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT H	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 17,290

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 Ω .00 .00 .000 .00 .00 .00 .00 .000 .00 EYE APPLIANCES .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .000 .00 .00 .00 \$ @CHIROPRACTOR .00 .000 \$.00 \$.00 .00 VISITS .00 .000 .00 .00 OTHER SERVICES 0 .00 .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 SURGERY/ANES. . 00 .000 . 00 . 00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 0 .00 .00 .00 OTHER .00 .000 0 .00 \$.00 .000 \$.00 \$ @HOME HEALTH AGENCY .00 .00 \$ NURSE ANESTHESIST .00 .000 \$.00 \$.00 NURSE MIDWIFE 0 .00 \$.00 .000 \$.00 \$.00 .00 \$.00 .00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$.00 FAMILY NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$.00 .00 \$.000 \$.00 .00 \$.00 @TOTAL HOSPITAL .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

01/17/03

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	ES MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 17,291	L
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03	3
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 67 BCCTE	P-TOTAL					
					MC	ONTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS'	r units/days	S COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	•	.000	•	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00		.000	.00	.00	
HSC HOSPITALS	0	0	0.0	0.0	000	0.0	0.0	

					MON'	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES MONT	TH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 17,292
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

YOLO COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

TOTO COONII	SUMMARI OF SER	VICES FOR 07 BCCIF-IOI	AL				
					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	2 \$	26.08	\$ 13.04	.000 \$	26.08	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.000	26.08	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@}}\star$ Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,293 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY	SUMMARY OF SERV	VICES FOR	68 QMB	- ONLY			AID CO	DDE				
								MO	ONTHLY A	VERA	GE	
104 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST	PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USE	IR		ELIGIBLE
@TOTAL, ALL PROVIDERS	169		308	\$	41,796.34	\$	135.70	2.962	\$ 247	.32	\$	401.89
@PHYSICIANS SERVICES	33		73	\$	648.63	\$	8.89	.702	\$ 19	.66	\$	6.24
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
	0		0									
ASSISTANT SURGEON	U		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	33		73		648.63		8.89	.702		19.66		6.24
@PHARMACY	2		6	\$	9.96	\$	1.66	.058	\$	4.98	\$.10
PRESCRIPTION DRUGS	0		2	т	18.34CR	•	9.17CR	.019	т.	.00	7	.18CR
SNF/ICF	0		0		.00		.00	.000		.00		.00
	0		2		18.34CR		9.17CR			.00		
OUTPATIENTS	0							.019				.18CR
MEDICAL SUPPLIES	2		4	_	28.30	_	7.08	.038	_	14.15	_	.27
@DENTIST	0		0	\$.00	\$.00		\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0									
MAXILLOFACIAL SERVICES	U		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	Ü		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPEN	IDITUR	ES MONT	TH-OF-PAYMENT RE	PORT	FOR JAN 2	2002 THRU I	DEC	2002	P	AGE 17,294
MOP024	FEE-FOR-SERVICE	/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 68	3 QMB	- ONLY			AID CO	ODE				
								MC	NTF	HLY AVERA	GΕ	
104 ELIGIBLES	USERS	UNITS OF SE	ERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF					UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	011 21110 01	0	\$.00	\$.00	.000	Ś	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	Υ	.00	۲	.00	.000	Ψ	.00	٧	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
	0		0									
OTHER OPTOMETRIC SERVICES	0		•	<u>^</u>	.00	^	.00	.000	<u> </u>	.00	<u> </u>	.00
@CHIROPRACTOR	U		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	1		1	\$	6.29	\$	6.29	.010	\$	6.29	\$.06
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	1		1		6.29		6.29	.010		6.29		.06
@HOME HEALTH AGENCY	0		0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0		0	Ś	.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0		0	Ċ	.00	\$.00	.000		.00		.00
	ŭ		0	۶ \$.00	۶ \$.00	.000		.00		
PEDIATRIC NURSE PRACTITIONER	U		U	Ą	.00	Ą	.00	.000	Ą	.00	ې	.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	28	119	\$	15,059.78	\$	126.55	1.144	\$	537.85	\$	144.81
HOSP INPATIENT TOTAL	19	70	·	14,465.38		206.65	.673		761.34		139.09
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	Ō		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	Ō		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	19	70		14,465.38		206.65	.673		761.34		139.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10	49		594.40		12.13	.471		59.44		5.72
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	10	49		594.40		12.13	.471		59.44		5.72
@COUNTY HOSPITAL TOTAL	1	2	\$	4.00	Ś	2.00	.019	Ś	4.00	Ś	.04
CO HOSPITAL INPATIENT TOTAL	0	0	Τ	.00	т	.00	.000	Τ.	.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ů.		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		4.00		2.00	.019		4.00		.04
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	Û		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	2		4.00		2.00	.019		4.00		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXBENDITI	RES N		.POP			DEC		D:	AGE 17,295
MOP024	FEE-FOR-SERVICE/DENT		TOU I	TOWIN OF TAIRBUL KE	11 011.	I FOR OAN	2002 11110	ب ندر	2002	LI	01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	117 \$	15,055.78	\$ 128.68	1.125 \$	557.62	\$ 144.77
COMM HOSP INPATIENT TOTAL	19	70	14,465.38	206.65	.673	761.34	139.09
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	19	70	14,465.38	206.65	.673	761.34	139.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	47	590.40	12.56	.452	65.60	5.68
MEDICAL	0	0	. 0.0	. 00	. 000	. 0.0	. 00

----- MONTHLY AVERAGE -----

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	9	47		590.40		12.56	.452		65.60		5.68
@STATE HOSPITAL	0	0	\$.00	Ś	.00	.000	Ś	.00	ċ	.00
• -	0		Ą		Ą			Ą		Ş	
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	•	0		.00		.00	.000		.00		.00
@NURSING FACILITY	75	0	\$	24,321.64	Ş	.00	.000	\$		\$	233.86
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	75	0		24,321.64		.00	.000		324.29		233.86
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00		.00	.000		.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	4	.00	т.	.00	.000	4	.00	т.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	Ś	.00	ċ	.00
	0	0	ې	.00	Ą	.00	.000	Ą	.00	ې	
CLINIC	0	0									.00
SURGICENTER	U	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	U	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	RES MON	TH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 17,296
MOP024	FEE-FOR-SERVICE										01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 68 QMB	- ONLY			AID CC					
									HLY AVERA	-	
104 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	31	109	\$	1,750.04	\$	16.06	1.048	\$	56.45	\$	16.83
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00

0

0

0

0

0

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

0

0

0

0

0

ACUPUNCTURE

OPTICIAN

ADULT DAY HEALTH CARE CTR

GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	31	109	1,750.04	16.06	1.048	56.45	16.83
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	169	236	\$ 41,814.68	\$ 177.18	2.269	\$ 247.42	\$ 402.06

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,297 FEE-FOR-SERVICE/DENTAL

01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

					MON	THLY AVERAGI	Ξ
580 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	283	1,086 \$	23,305.69	\$ 21.46	1.872 \$	82.35	\$ 40.18
@PHYSICIANS SERVICES	9	45 \$	1,234.18	\$ 27.43	.078 \$	137.13	\$ 2.13
OUTPATIENT VISITS	3	3	174.67	58.22	.005	58.22	.30
OFFICE VISITS	1	1	82.45	82.45	.002	82.45	.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	92.22	46.11	.003	46.11	.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	32	515.77	16.12	.055	515.77	.89
PRINCIPAL SURGEON	0	0	58.53	.00	.000	.00	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	32	457.24	14.29	.055	457.24	.79
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	3.22	.00	.000	.00	.01
RADIOLOGY	5	7	111.50	15.93	.012	22.30	.19
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	429.02	143.01	.005	429.02	.74
@PHARMACY	16	28 \$	1,182.22	\$ 42.22	.048 \$	73.89	\$ 2.04
PRESCRIPTION DRUGS	16	28	1,182.22	42.22	.048	73.89	2.04
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	16	28	1,182.22	42.22	.048	73.89	2.04

MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
@DENTIST	164	712	\$ 17,259.00	\$	24.24	1.228	\$	105.24	\$	29.76
VISITS - DIAGNOSTIC	132	529	7,021.00		13.27	.912		53.19		12.11
ORAL SURGERY	7	11	467.00		42.45	.019		66.71		.81
DRUGS	1	1	25.00		25.00	.002		25.00		.04
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	21	46	3,028.00		65.83	.079		144.19		5.22
RESTORATIVE DENTISTRY	45	121	6,265.00		51.78	.209		139.22		10.80
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	3	4	453.00	1	13.25	.007		151.00		.78
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MONTH-OF-PAYMENT R	EPORT F	OR JAN 2	2002 THRU I	DEC	2002	Ρź	AGE 17,298
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/D		ES MONTH-OF-PAYMENT R	EPORT F	OR JAN 2	2002 THRU I	DEC	2002	P	AGE 17,298 01/17/03
		ENTAL			OR JAN 2 S 72 74		DEC	2002	P	
MOP024	FEE-FOR-SERVICE/D	ENTAL				8N		2002 ILY AVERA		
MOP024	FEE-FOR-SERVICE/D SUMMARY OF SERVICE	ENTAL		ID CODE	s 72 74	8N	ОИТН		.GE -	
MOP024 YOLO COUNTY	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 69 133%	PROGRAM A	ID CODE AVERA PER U	S 72 74 GE COST	8N MC	ОИТН	ILY AVERA	.GE -	01/17/03
MOP024 YOLO COUNTY	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM A	ID CODE AVERA PER U	S 72 74	8N MG UNITS/DAYS	ONTH S C	ILY AVERA	.GE ·	01/17/03 COST PER
MOP024 YOLO COUNTY 580 ELIGIBLES	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM A	AVERA PER U \$	GE COST NIT/DAY 21.31 .00	8N MC UNITS/DAYS PER ELIG	ONTH S C	ALY AVERA COST PER USER 21.31	.GE ·	01/17/03 COST PER ELIGIBLE
MOP024 YOLO COUNTY 580 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM A EXPENDITURES \$ 21.31	AVERA PER U \$	GE COST NIT/DAY 21.31	8N MC UNITS/DAYS PER ELIG .002	ONTH S C	ULY AVERA COST PER USER 21.31 .00 21.31	.GE ·	01/17/03 COST PER ELIGIBLE .04
MOP024 YOLO COUNTY 580 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM EXPENDITURES \$ 21.31 .00	AVERA PER U \$	GE COST NIT/DAY 21.31 .00	8N MC UNITS/DAYS PER ELIG .002 .000	ONTH S C	ALY AVERA COST PER USER 21.31	.GE ·	01/17/03 COST PER ELIGIBLE .04 .00
MOP024 YOLO COUNTY 580 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM EXPENDITURES \$ 21.31 .00 21.31	AVERA PER U \$	GE COST NIT/DAY 21.31 .00 21.31	8N MC UNITS/DAYS PER ELIG .002 .000 .002	ONTH S C	ULY AVERA COST PER USER 21.31 .00 21.31	GE - (1 \$	01/17/03 COST PER ELIGIBLE .04 .00 .04
MOP024 YOLO COUNTY 580 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM EXPENDITURES \$ 21.31 .00 21.31 .00 \$.00 \$.00	AVERA PER U \$	GE COST NIT/DAY 21.31 .00 21.31 .00	8N MC UNITS/DAYS PER ELIG .002 .000 .002 .000	ONTH S C	ULY AVERA COST PER USER 21.31 .00 21.31 .00 .00	GE - (1 \$	01/17/03
MOP024 YOLO COUNTY 580 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM EXPENDITURES \$ 21.31 .00 21.31 .00 \$.00	AVERA PER U \$	GE COST NIT/DAY 21.31 .00 21.31 .00 .00	8N MC UNITS/DAYS PER ELIG .002 .000 .002 .000	ONTH S C	ULY AVERA COST PER USER 21.31 .00 21.31 .00	GE - (1 \$	01/17/03
MOP024 YOLO COUNTY 580 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM EXPENDITURES \$ 21.31 .00 21.31 .00 \$.00 .00 .00 .00 \$.00	AVERA PER U \$	GE COST NIT/DAY 21.31 .00 21.31 .00 .00 .00	8N MC UNITS/DAYS PER ELIG .002 .000 .002 .000 .000 .000 .000 .00	ONTH S C	ULY AVERA COST PER USER 21.31 .00 21.31 .00 .00 .00	GE - (1 \$	01/17/03 COST PER ELIGIBLE .04 .00 .04 .00 .00 .00 .00
MOP024 YOLO COUNTY 580 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 69 133% NITS OF SERVICE	PROGRAM EXPENDITURES \$ 21.31 .00 21.31 .00 \$.00 .00 .00 .00	AVERA PER U \$	GE COST NIT/DAY 21.31 .00 21.31 .00 .00 .00	8N MC UNITS/DAYS PER ELIG .002 .000 .002 .000 .000 .000 .000	ONTH S C \$	ULY AVERA COST PER USER 21.31 .00 21.31 .00 .00	.GE - () \$	01/17/03

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	ċ	.00	ċ	.00	.000	ċ	.00	\$.00
-	0		\$		\$			\$			
NURSE ANESTHESIST	U	0	\$.00	Ş	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	10	\$	279.81	\$	27.98	.017	\$	55.96	\$.48
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	10		279.81		27.98	.017		55.96		.48
MEDICAL	0	0		65.40		.00	.000		.00		.11
SURGERY	1	1		8.38		8.38	.002		8.38		.01
PATHOLOGY	1	1		3.22		3.22	.002		3.22		.01
RADIOLOGY	3	5		93.52		18.70	.009		31.17		.16
ROOM USE	2	2		91.70		45.85	.003		45.85		.16
CROSSOVERS/ALL OTH OUTPINT	1	1		17.59		17.59	.002		17.59		.03
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.002	\$.00	ċ	.00
-	0		Ą		Ą			Ą		Ą	
CO HOSPITAL INPATIENT TOTAL	U	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
	0	0									
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	U	U		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT RI	EPOR'	r for jan 2	002 THRU I	DEC	2002	PA	GE 17,299
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 69 133%	PROC	GRAM A	ID C	ODES 72 74	8N				
							MC	ONTH	LY AVERA	GE -	
580 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST					OST PER
000 221012220	00210	OR DAYS OF CARE		2111 2112 1 1 1 1 1 2		R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	10	\$	279.81	\$	27.98	.017	Ċ	55.96		.48
-	0	0	٢		Ą	.00	.000	۲	.00	٧	
COMM HOSP INPATIENT TOTAL				.00							.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINITERDARIUM DAVE	O.	0		0.0		0.0	000		$\cap \cap$		$\cap \cap$

0

.00

.00

.00

.00

.000

.000

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

0

0

.00

.00

.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5	10		279.81		27.98	.017		55.96		.48
MEDICAL	0	0		65.40		.00	.000		.00		.11
SURGERY	1	1		8.38		8.38	.002		8.38		.01
PATHOLOGY	1	1		3.22		3.22	.002		3.22		.01
RADIOLOGY	3	5		93.52		18.70	.009		31.17		.16
ROOM USE	2	2		91.70		45.85	.003		45.85		.16
CROSSOVERS/ALL OTH OUTPINT	1	1		17.59		17.59	.002		17.59		.03
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś		Ś	.00
MENTALLY ILL	Û	0	т	.00	7	.00	.000	7	.00	7	.00
DEVELOP. DISABLED	Ô	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	Ś	.00	\$.00	.000	\$		\$.00
LEV A-INTERMEDIATE	0	0	Ψ	.00	Υ	.00	.000	۲	.00	۲	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTER BASED	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	\$.00	.000	\$		\$.00
ICF DDH	0	0	Ą	.00	ş	.00	.000	ş	.00	Ş	.00
ICF DDH ICF DD	0	0		.00			.000		.00		.00
ICF DDM/DDCN	0	0				.00					.00
	0	0	\$.00	ċ	.00	.000	Ċ	.00	ċ	
@HEMODIALYSIS TOTAL	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	· ·		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	1	1	\$	16.09	\$	16.09	.002	Ş	16.09	\$.03
PATHOLOGY	1	1		16.09		16.09	.002		16.09		.03
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	6	\$	376.06	\$	62.68	.010	\$	62.68	\$.65
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	6		376.06		62.68	.010		62.68		.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU:	RES MONTH-O	F-PAYMENT R	REPORT	FOR JAN 2	2002 THRU	DEC 2	002		E 17,300
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	69 133	% PROGRAM	A	ID CO	DES 72 74	8N				
							M	THTNC	Y AVERA	GE	

----- MONTHLY AVERAGE -----580 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 86 283 \$ 2,937.02 \$ 10.38 .488 \$ 34.15 \$ 5.06 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 BLOOD BANK .00 .000 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 .00 .000 .00 OTHER TRANS .00 .00 .00 .00 .00 .00 OTHER SERVICES .000 0 0 .00 .00 .00 ACUPUNCTURE .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	99.84	8.32	.021	16.64	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	271	2,837.18	10.47	.467	35.46	4.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	4	\$ 486.17	\$ 121.54	.007	\$ 486.17	\$.84
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,301 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 YOLO COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

					MOI	NTHLY AVERA	GE
305 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	392	2 , 601 \$	42,284.82	\$ 16.26	8.528	\$ 107.87	\$ 138.64
@PHYSICIANS SERVICES	7	22 \$	1,086.66	\$ 49.39	.072	\$ 155.24	\$ 3.56
OUTPATIENT VISITS	2	2	94.43	47.22	.007	47.22	.31
OFFICE VISITS	0	0	20.21	.00	.000	.00	.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	68.98	34.49	.007	34.49	.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	5.24	.00	.000	.00	.02
INPATIENT VISITS	1	9	448.57	49.84	.030	448.57	1.47
HOSPITAL VISITS	1	9	448.57	49.84	.030	448.57	1.47
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	127.36	.00	.000	.00	.42
PRINCIPAL SURGEON	0	0	127.36	.00	.000	.00	.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	38.99	.00	.000	.00	.13
PRINCIPAL SURGEON	0	0	38.99	.00	.000	.00	.13
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	4.91	4.91	.003	4.91	.02
RADIOLOGY	4	8	260.33	32.54	.026	65.08	.85
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	112.07	56.04	.007	112.07	.37
@PHARMACY	11	15 \$	1,723.04	\$ 114.87	.049	\$ 156.64	\$ 5.65
PRESCRIPTION DRUGS	11	15	1,723.04	114.87	.049	156.64	5.65
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	11	15	1,723.04	114.87	.049	156.64	5.65
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	138	769 \$	18,674.75	\$ 24.28	2.521	\$ 135.32	\$ 61.23
VISITS - DIAGNOSTIC	110	589	7,670.75	13.02	1.931	69.73	25.15
ORAL SURGERY	15	20	822.00	41.10	.066	54.80	2.70
DRUGS	2	3	75.00	25.00	.010	37.50	.25
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.003	200.00	.66
ENDODONTICS	14	21	2,417.00	115.10	.069	172.64	7.92
RESTORATIVE DENTISTRY	52	128	6,875.00	53.71	.420	132.21	22.54
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	3	440.00	146.67	.010	146.67	1.44
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4	175.00	43.75	.013	43.75	.57
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 17,302
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

AID CODES 7A 7C 8R

SUMMARY OF SERVICES FOR 70 100% PROGRAM

YOLO COUNTY

----- MONTHLY AVERAGE -----305 ELIGIBLES **USERS** EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$.00 \$.00 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 EYE APPLIANCES .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$.00 .00 .000 .00 VISITS .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$.00 \$.00 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 .00 NURSE ANESTHESIST .00 .00 .000 .00 .00 .000 NURSE MIDWIFE .00 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 .00 0 .00 .00 .000 .00 FAMILY NURSE PRACTITIONER 27 5,987.88 221.77 @TOTAL HOSPITAL .089 855.41 19.63 5 HOSP INPATIENT TOTAL 5,565.00 1113.00 .016 5565.00 18.25 1113.00 5565.00 HSC HOSPITALS 5,565.00 .016 18.25 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	6		22		422.88	19.22	.072	70.48	1.39
MEDICAL	3		3		125.40	41.80	.010	41.80	.41
SURGERY	0		0		.00	.00	.000	.00	.00
PATHOLOGY	4		11		154.93	14.08	.036	38.73	.51
RADIOLOGY	2		2		51.62	25.81	.007	25.81	.17
ROOM USE	2		3		81.00	27.00	.010	40.50	.27
CROSSOVERS/ALL OTH OUTPINT	2		3		9.93	3.31	.010	4.97	.03
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
HSC HOSPITALS	0		0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00	.00
ANCILLARIES	0		0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
MEDICAL	0		0		.00	.00	.000	.00	.00
SURGERY	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
ROOM USE	0		0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		PENDITUR	ES MONTH	-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 17,303
MOP024	FEE-FOR-SERVICE	•							01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR	70 100%	PROGRAM	I AI	ID CODES 7A 7C			
								NTHLY AVERA	
305 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES	AVERAGE COST			COST PER
_	_	OR DAYS				PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7		27	\$	5 , 987.88	\$ 221.77	.089	\$ 855.41	\$ 19.63

COMM HOSP INPATIENT TOTAL	1	5		5,565.00		1113.00	.016		5565.00		18.25
HSC HOSPITALS	1	5		5 , 565.00		1113.00	.016		5565.00		18.25
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
INPATIENT CROSSOVERS	0	0				.00	.000				.00
ALL OTHER INPATIENT	•			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6	22		422.88		19.22	.072		70.48		1.39
MEDICAL	3	3		125.40		41.80	.010		41.80		.41
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	11		154.93		14.08	.036		38.73		.51
RADIOLOGY	2	2		51.62		25.81	.007		25.81		.17
ROOM USE	2	3		81.00		27.00	.010		40.50		.27
CROSSOVERS/ALL OTH OUTPINT	2	3		9.93		3.31	.010		4.97		.03
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
MENTALLY ILL	0	0	4	.00	-	.00	.000	4	.00	-	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	ċ	.00	~	.00
@NURSING FACILITY	0	0	Ą		ې		.000	\$		Ą	
LEV A-INTERMEDIATE	U			.00		.00			.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	Ö		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ġ	.00
HOSPITAL BASED	0	0	Y	.00	۲	.00	.000	Y	.00	Y	.00
	0	0		.00		.00	.000		.00		
HEMODIALYSIS CENTER	0	0	ċ		÷			ċ	.00	<u>~</u>	.00
@REHABILITATION FACILITY	U		\$.00	\$.00	.000	\$		Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	321.46	\$	160.73	.007	\$	160.73	\$	1.05
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	2		321.46		160.73	.007		160.73		1.05
#CALIF DEPT OF HEALTH SERV			2FC 1	MONTH-OF-PAYMENT R	FPOR			DEC		Þ	AGE 17,304
MOP024	FEE-FOR-SERVICE		. (11)	HOWIN OF THEFT	CDI OIC	1 1010 01110 2	.002 11110		2002		01/17/03
YOLO COUNTY			2 DD/	OGRAM A	TD C	NDEC 71 7C	0 D				01/1//05
IOLO COUNTI	SUMMARI OF SERV	ICES FOR /U 1004	6 PR	OGRAM A	AID CO	JDES /A /C		ONTEN:		с п	
205 51 5355 53			_		2		M				
305 ELIGIBLES	USERS			EXPENDITURES							COST PER
_		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	234	1,766	\$	•	\$	8.21	5.790	Ş	61.93	Ş	47.51
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	1	.00
OTHER TRANS	0	0		.00	.00	.000	.00	ı	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	ı	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	ı	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	ı	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	1	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	1	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	1	.00
OPTICIAN	17	35		281.04	8.03	.115	16.53		.92
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	1	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	1	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	1	.00
PROSTHETICS	0	0		.00	.00	.000	.00	1	.00
ORTHOTICS	0	0		.00	.00	.000	.00	1	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	1	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	1	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	1	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	1	.00
LOCAL EDUCATION AGENCIES	217	1,731		14,209.99	8.21	5.675	65.48	1	46.59
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	1	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	1	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	1	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	1	.00
@CALIF. CHILDREN SERVICES*	3	7	\$	5,698.22	\$ 814.03	.023	\$ 1899.41	\$	18.68
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
0* TOTALS IN THESE LINES ARE GIVE	TEN AS A SEPARATE	TNFORMATION	TTEM ONLY.						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,305
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 937 7,290 231,248.09 \$ 31.72 .000 \$ 246.80 \$.00 108 .00 162 10,355.36 63.92 .000 \$ 95.88 \$ @PHYSICIANS SERVICES OUTPATIENT VISITS 6 55 30.16 276.48 1,658.86 .000 .00 22.90 22.90 OFFICE VISITS 22.90 .000 .00 HOME VISITS 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 0 .00 .00 .000 .00 .00 .00 PREVENTIVE CARE 0 .00 .00 .000 .00 OB VISITS/COMPRE PERI 1,635.96 30.30 .000 272.66 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY 168.65 168.65 .000 168.65 .00 PRINCIPAL SURGEON 168.65 168.65 .000 168.65 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	3		15.42		5.14	.000		5.14		.00
RADIOLOGY	103	103		8,512.43		82.64	.000		82.64		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	18	22	\$	542.27	\$	24.65	.000	\$	30.13	\$.00
PRESCRIPTION DRUGS	17	20		333.54		16.68	.000		19.62		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	17	20		333.54		16.68	.000		19.62		.00
MEDICAL SUPPLIES	1	2		208.73		104.37	.000		208.73		.00
@DENTIST	0	0 \$	Ş	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MON 3	NTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 17,306

MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

NON-HSC HOSPITAL TOTAL

HOSP INPATIENT TOTAL HSC HOSPITALS

ACCOMMODATIONS

@TOTAL HOSPITAL

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED Ω 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 EYE APPLIANCES .00 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .000 .00 .00 \$ @CHIROPRACTOR .00 .000 \$.00 \$.00 .00 VISITS .00 .000 .00 .00 OTHER SERVICES 0 .00 .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 SURGERY/ANES. .00 . 00 .000 . 00 . 00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 0 .00 .00 .00 OTHER .00 .000 .000 \$ 0 .00 \$.00 .00 \$ @HOME HEALTH AGENCY .00 .00 \$.00 .00 \$ NURSE ANESTHESIST .000 \$.00 NURSE MIDWIFE .00 \$.00 .000 \$.00 \$.00

0

0

0

4,151

0

393

0

0

01/17/03

.00

.00

.00

.00

.00

.00

.00

----- MONTHLY AVERAGE -----

.00 \$

.00 \$

342.25 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

32.40

.000 \$

.000 \$

.000 \$

.000

.000

.000

.000

.00

.00

.00

.00

.00

.00

134,506.09

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	202	ŭ					
HOSP OUTPATIENT TOTAL	393	4,151	134,506.09	32.40	.000	342.25	.00
MEDICAL	14	15	166.40	11.09	.000	11.89	.00
SURGERY	2	2	48.89	24.45	.000	24.45	.00
PATHOLOGY	15	18	173.72	9.65	.000	11.58	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	386	617	16,311.67	26.44	.000	42.26	.00
CROSSOVERS/ALL OTH OUTPTNT		3,499	117,805.41	33.67	.000	302.84	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
-		- '		.00	·		.00
CO HOSPITAL INPATIENT TOTAL	U	0	.00		.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	O	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	
CROSSOVERS/ALL OTH OUTPINT	•			.00			.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	1002 THRU DE	C 2002	PAGE 17,307
MOP024	FEE-FOR-SERVICE	DENTAL					01/17/03
YOLO COUNTY	SUMMARY OF SERVI	CES FOR 71 PRESUMP E	LIGIBILITY-PREGNA	ANT AID CODES	7F		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	393	4,151 \$	134,506.09	\$ 32.40	.000 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0						
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	O	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	ŭ					
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	393	4,151	134,506.09	32.40	.000	342.25	.00
MEDICAL					000	11 00	0.0
GIID GEDII	14	15	166.40	11.09	.000	11.89	.00
SURGERY		15 2	166.40 48.89	11.09 24.45	.000	24.45	.00
SURGERY PATHOLOGY	14						
PATHOLOGY	14 2 15	2 18	48.89 173.72	24.45 9.65	.000	24.45 11.58	.00
PATHOLOGY RADIOLOGY	14 2 15 0	2 18 0	48.89 173.72 .00	24.45 9.65 .00	.000 .000 .000	24.45 11.58 .00	.00 .00 .00
PATHOLOGY RADIOLOGY ROOM USE	14 2 15 0 386	2 18 0 617	48.89 173.72 .00 16,311.67	24.45 9.65 .00 26.44	.000 .000 .000	24.45 11.58 .00 42.26	.00 .00 .00
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	14 2 15 0 386 389	2 18 0 617 3,499	48.89 173.72 .00 16,311.67 117,805.41	24.45 9.65 .00 26.44 33.67	.000 .000 .000 .000	24.45 11.58 .00 42.26 302.84	.00 .00 .00 .00
PATHOLOGY RADIOLOGY ROOM USE	14 2 15 0 386	2 18 0 617	48.89 173.72 .00 16,311.67	24.45 9.65 .00 26.44	.000 .000 .000	24.45 11.58 .00 42.26	.00 .00 .00 .00

0

.00

.00

.000

.00

.00

ADMINISTRATIVE DAYS

0

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	582	1,301	\$	27,468.99	\$	21.11	.000	\$	47.20	\$.00
PATHOLOGY	582	1,301		27,468.99		21.11	.000		47.20		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	227	1,611	\$	53 , 923.38	\$	33.47	.000	\$	237.55	\$.00
CLINIC	218	1,599		52 , 383.30		32.76	.000		240.29		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	12		1,540.08		128.34	.000		171.12		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES 1	MONTH-OF-PAYMENT RE	EPOR'	r for jan 200	2 THRU	DEC	2002	PA	GE 17,308
MOP024	FEE-FOR-SERVICE/DENT	AL									01/17/03
YOLO COUNTY	SUMMARY OF SERVICES	FOR 71 PRE	SUMP	ELIGIBILITY-PREGNA	TNA	AID CODES 7E	7				

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	43	43 \$	4,452.00	\$ 103.53	.000 \$	103.53 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	43	43	4,452.00	103.53	.000	103.53	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,309
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
YOLO COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

						MC	HTNC	LY AVERA	.GE	
56 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	S C	OST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	22	71	\$ 2,125.84	\$	29.94	1.268	\$	96.63	\$	37.96
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00		.00	.000		.00		.00
OFFICE VISITS	0	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	0	0	.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0	.00		.00	.000		.00		.00
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00
EXAMINATIONS	0	0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00

 $[\]star\star$ These data are included in the appropriate detail lines above.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	16	32	\$	1,397.52	\$	43.67	.571	Ś	87.35	\$	24.96
PRESCRIPTION DRUGS	16	32	٧	1,397.52	٧	43.67	.571	٧	87.35	Y	24.96
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	16	32		1,397.52		43.67	.571		87.35		24.96
	0	0		•		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	~	.00	\$			<u>.</u>		ċ	
@DENTIST	0		\$.00	Þ	.00	.000	Þ	.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	ES 1	MONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002	E	PAGE 17,310
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
YOLO COUNTY	SUMMARY OF SERV	VICES FOR 72 MEDI	-CA	L TUBERCULOSIS PRO	GRAM	AID CC	DDE				
							M	ONT	HLY AVERA	GE.	
56 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	Ś	.00	Ś	.00	.000		.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	'	.00	'	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	٧	.00	٧	.00	.000	٧	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	ċ	.00	Ś		.000	ċ	.00	\$	
	0		\$		Ą	.00		Ą		Ą	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	U	0	ċ	.00	Ċ	.00	.000	Ċ	.00	^	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		.00	Ş	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	Ş	.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	•		.00
@TOTAL HOSPITAL	10	39	\$	728.32	\$	18.67	.696		\$	13.01
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000			.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	10	39		728.32		18.67	.696	72.83		13.01
MEDICAL	10	14		360.42		25.74	.250	36.04		6.44
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	9	11		305.56		27.78	.196	33.95		5.46
CROSSOVERS/ALL OTH OUTPTNT	10	14		62.34		4.45	.250	6.23		1.11
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	RES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	002 THRU D	DEC 2002	P	AGE 17,311
MOP024	FEE-FOR-SERVICE/	DENTAL								01/17/03
YOLO COUNTY			I-CAI	TUBERCULOSIS PRO	GRAM	AID CO	DE			
							MC	NTHLY AVERA	GE	
56 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	₹.		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1.0	39	Ś	728.32	Ś	18.67	.696	\$ 72.83	Ś	13.01

					11011	111111 1111111111	_
56 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	39 \$	728.32	\$ 18.67	.696 \$	72.83	\$ 13.01
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	39	728.32	18.67	.696	72.83	13.01
MEDICAL	10	14	360.42	25.74	.250	36.04	6.44

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	9	11		305.56		27.78	.196		33.95		5.46
CROSSOVERS/ALL OTH OUTPTNT		14		62.34		4.45	.250		6.23		1.11
@STATE HOSPITAL	0		\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	_	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	â	.00
@LABORATORY FACILITY	0		\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	â	.00
@ORGANIZED OUTPATIENT CLINIC	0		\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	U U	0	O 100	.00	1D0DE	.00	.000	200	.00	Б	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES		S MC	ONTH-OF-PAYMENT RE	SPORT	FOR JAN 2	2002 THRU I	DEC	2002	Ρ	AGE 17,312 01/17/03
	FEE-FOR-SERVICE/DI		~ 7. T	minepolitogic ppo	70714	ATD CC	NDE.				01/1//03
YOLO COUNTY	SUMMARY OF SERVICE	ES FOR /2 MEDI-	CAL	TUBERCULOSIS PROC	5KAM	AID CC		NTITT I	II W 717007	CE	
E6 FITCIDIES	HCEDC III	ITMC OF CEDITOR		EADENDIMIDEC	7/ 7/17		MO				COCH DED
56 ELIGIBLES		NITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		UNIT/DAY	UNITS/DAYS) (COST PER USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		\$.00	\$.00	.000	Ċ	.00	\$.00
DURABLE MED. EQUIP.	0	0	Y	.00	Ą	.00	.000	۲	.00	۲	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
11.0011111101/0111110110110	Ŭ	9		.00		• • • •	• 0 0 0		• 0 0		• 0 0

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,313 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

						MC	NTHLY AVERA	ΔGE	
254 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	216	1,615	\$	115,643.69	\$ 71.61	6.358	\$ 535.39	\$	455.29
@PHYSICIANS SERVICES	73	219	\$	15,248.91	\$ 69.63	.862	\$ 208.89	\$	60.04
OUTPATIENT VISITS	21	32		1,943.51	60.73	.126	92.55		7.65
OFFICE VISITS	6	7		246.94	35.28	.028	41.16		.97
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	8	8		515.28	64.41	.031	64.41		2.03
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	7	17		1,181.29	69.49	.067	168.76		4.65
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	8	22		837.29	38.06	.087	104.66		3.30

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	_								
HOSPITAL VISITS	8	22		837.29	38.06	.087	104.66		3.30
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	12	37		8,178.60	221.04	.146	681.55		32.20
PRINCIPAL SURGEON	10	18		7,484.60	415.81	.071	748.46		29.47
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	4	19		694.00	36.53	.075	173.50		2.73
OUTPATIENT SURGERY	13	22		1,506.43	68.47	.087	115.88		5.93
PRINCIPAL SURGEON	11	15		1,317.86	87.86	.059	119.81		5.19
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	5	7		188.57	26.94	.028	37.71		. 74
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	10	28		294.99	10.54	.110	29.50		1.16
RADIOLOGY	30	50		2,156.13	43.12	.197	71.87		8.49
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	7	17		142.98	8.41	.067	20.43		.56
OTHER SERVICES/ALL X-OVERS	6	11		188.98	17.18	.043	31.50		.74
@PHARMACY	33	64	Ś	1,415.82	\$ 22.12	.252		Ś	5.57
PRESCRIPTION DRUGS	33	59	Υ	913.68	15.49	.232	27.69	Ψ	3.60
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	33	59		913.68	15.49	.232	27.69		3.60
MEDICAL SUPPLIES	2	5		502.14	100.43	.020	251.07		1.98
@DENTIST	0	0	Ś	.00	\$.00	.020		Ċ	.00
VISITS - DIAGNOSTIC	0	0	Y	.00	.00	.000	.00	Ÿ	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
	0	0					.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	U	0		.00	.00	.000			
ENDODONTICS	U	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU D	EC 2002	Ρž	AGE 17,314
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
YOTO COUNTY	CIDALADA OF CEDITORS FO	D 72 MATES	OD 00	ONIGHNIE ATD GODEG AT	D CODEC TM 7	D 7D			

MOP024 YOLO COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

							MO	ТИС	HLY AVERA	GE	
254 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	}		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4		\$	299.44	\$	74.86	.016		74.86	\$	1.18
NURSE ANESTHESIST	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	111	967	\$	81,892.91	\$	84.69	3.807	\$	737.77	\$	322.41
HOSP INPATIENT TOTAL	15	68		61,114.12		898.74	.268		4074.27		240.61
HSC HOSPITALS	6	34		38,879.08		1143.50	.134		6479.85		153.07
NON-HSC HOSPITAL TOTAL	9	34		22,235.04		653.97	.134		2470.56		87.54
ACCOMMODATIONS	9	34		10,992.00		323.29	.134		1221.33		43.28
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	34		10,992.00		323.29	.134		1221.33		43.28
ANCILLARIES	9	0		11,243.04		.00	.000		1249.23		44.26
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	107	899		20,778.79		23.11	3.539		194.19		81.81
MEDICAL	8	10		255.55		25.56	.039		31.94		1.01
SURGERY	7	7		342.72		48.96	.028		48.96		1.35
PATHOLOGY	40	139		1,854.32		13.34	.547		46.36		7.30
RADIOLOGY	12	12		610.45		50.87	.047		50.87		2.40
ROOM USE	70	131		4,275.51		32.64	.516		61.08		16.83
CROSSOVERS/ALL OTH OUTPINT	77	600		13,440.24		22.40	2.362		174.55		52.91
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	·	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	Ö		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES		S M		ZPOR			DEC		P	.00 AGE 17,315
WORDS A	FED CAL SERVICES	THE EXTENDEDUCE	U 1/10	ONTH OF LATERINE RE	71 01/	I FOR OAN	2002 11110	اندر	, 2002	Ε.	AGE 17,313

----- MONTHLY AVERAGE -----254 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 111 967 \$ \$ 84.69 3.807 \$ 737.77 \$ 322.41 81,892.91 COMM HOSP INPATIENT TOTAL 15 68 61,114.12 898.74 .268 4074.27 240.61 HSC HOSPITALS 6 34 38,879.08 1143.50 .134 6479.85 153.07 34 653.97 .134 2470.56 NON-HSC HOSPITALS TOTAL 22,235.04 87.54 34 10,992.00 323.29 1221.33 43.28 ACCOMMODATIONS .134 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

01/17/03

FEE-FOR-SERVICE/DENTAL

MOP024

YOLO COUNTY

ALL OTHER ACCOM	9	34		10,992.00		323.29	.134		1221.33		43.28
ANCILLARIES	9	0		11,243.04		.00	.000		1249.23		44.26
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	107	899		20,778.79		23.11	3.539		194.19		81.81
MEDICAL	8	10		255.55		25.56	.039		31.94		1.01
SURGERY	7	7		342.72		48.96	.028		48.96		1.35
PATHOLOGY	40	139		1,854.32		13.34	.547		46.36		7.30
RADIOLOGY	12	12		610.45		50.87	.047		50.87		2.40
ROOM USE	70	131		4,275.51		32.64	.516		61.08		16.83
CROSSOVERS/ALL OTH OUTPINT	77	600		13,440.24		22.40	2.362		174.55		52.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	37	78	\$	1,220.94	\$	15.65	.307	\$	33.00	\$	4.81
PATHOLOGY	37	78		1,220.94		15.65	.307		33.00		4.81
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	63	271	\$	14,405.67	\$	53.16	1.067	\$	228.66	\$	56.72
CLINIC	63	271		14,405.67		53.16	1.067		228.66		56.72
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITU	JRES MO		EPORT :			DEC		PA	GE 17,316
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
11010 0011111111		70 1/11	10D 001		- D OOD		D 7D				. ,

254 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 12 12 \$ 1,160.00 \$ 96.67 .047 \$ 96.67 \$ @ALL OTHER PROVIDERS 4.57 0 .00 .00 .000 .00 DURABLE MED. EQUIP. 0 .00 .000 .00 BLOOD BANK 0 .00 .00 .00 HEARING AID DISPENSERS .00 .00 .00 .00 .000 .00 .00 .00 .00 MEDICAL TRANSPORTATION .000 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .00 .00 .00 .00 OTHER TRANS .000 .00 .000 .00 OTHER SERVICES .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00

.00

1,160.00

.00

96.67

.000

.047

0

0

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

----- MONTHLY AVERAGE -----

.00

96.67

.00

4.57

YOLO COUNTY

ADULT DAY HEALTH CARE CTR

GENETIC DISEASE TESTING

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,317 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

YOLO COUNTY	SUMMARY OF SER	VICES FOR 74 FOR FUTURE	USE		MONI		CE.
00 ELIGIBLES	HOEDO	INTEG OF CEDUTCE	EADENDIMIDEC	ATTEDACE COCH	MON'	COST PER	
00 FFIGIRES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	0	OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	U \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	U	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	U	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00)	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00)	.00	.000	.00	.00
@PHARMACY	0	0	\$.00) \$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00)	.00	.000	.00	.00
SNF/ICF	0	0	.00)	.00	.000	.00	.00
OUTPATIENTS	0	0	.00)	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00)	.00	.000	.00	.00
@DENTIST	0	0	.00) \$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00)	.00	.000	.00	.00
ORAL SURGERY	0	0	.00)	.00	.000	.00	.00
DRUGS	0	0	.00)	.00	.000	.00	.00
ANESTHESIA	0	0	.00)	.00	.000	.00	.00
PERIODONTICS	0	0	.00)	.00	.000	.00	.00
ENDODONTICS	0	0	.00)	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00)	.00	.000	.00	.00
PROSTHETICS	0	0	.00)	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00)	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00)	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00)	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00)	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00)	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00)	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU I	DEC 2002	PAGE 17,318
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
YOLO COUNTY	SUMMARY OF SERVICES FOR	74 FOR F	JTURE USE					
						MO	ONTHLY AVERA	GE

					14014	TIITI AARIVA	بترح
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	'	.00	'	.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ċ	.00	\$.00
MEDICINE/INJECTIONS	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER	0	•	<u> </u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
RADIOLOGY	0	0									.00
ROOM USE	·			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT		0	<u> </u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	· · · · · · · · · · · · · · · · · · ·	0		.00		.00	.000		.00		.00
	•	CES AND EXPENDITURE	ES MO		ZPORT					PAG	E 17,319
MOP024	FEE-FOR-SERVIC		LIO FIC	JNIII OF TATMENT IN	11 01(1	I FOR OAN 2002	. 111110	טאכ	2002		01/17/03
YOLO COUNTY		VICES FOR 74 FOR 3	בווחוום	T IICF							01/1//00
TOTO COOMIT	POLITICAL OF SEV	VIOLO FOR /4 FOR .	LOIOF	UU		-	10	וחותית	HLY AVERA	GF	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/ 7/7						ST PER
OO TITGIDIES	CALCO	OR DAYS OF CARE		PVLTNNTIOKES		RAGE COST UNI R UNIT/DAY PE	- ,	-	USER		IGIBLE
ACOMMINITAL HOCDINAL HOMAL	0	OR DAIS OF CARE		.00		.00	.000				_
@COMMUNITY HOSPITAL TOTAL	U	U	۲	.00	Ą	.00	.000	ې	.00	ٻ	.00

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$		\$.00
MENTALLY ILL	0	0	·	.00		.00	.000		.00	·	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000	\$		\$.00
LEV A-INTERMEDIATE	0	0	·	.00		.00	.000		.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00		.00	.000		.00	'	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$		\$.00
HOSPITAL BASED	0	0	•	.00		.00	.000		.00	'	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
PATHOLOGY	0	0	·	.00		.00	.000		.00	·	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00		.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO					DEC		PA	GE 17,320
MOP024	FEE-FOR-SERVICE										01/17/03
YOLO COUNTY		ICES FOR 74 FOR	FUTUI	RE USE							
						-	M	ONTH	ILY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AV	ERAGE COST (JNITS/DAY	s c	OST PER	С	OST PER
		OR DAYS OF CARE	€			R UNIT/DAY	PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00		.00	.000		.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAI MDANCDODMAMION	^	Ō		0.0		0.0	000		0.0		0.0

0

MEDICAL TRANSPORTATION

0

.00

.00

.000

.00

.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

 $[\]ensuremath{ ext{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,321
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
YOLO COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

			,				
					MON	THLY AVERA	GE
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	36	69 \$	3,502.03	\$ 50.75	13.800 \$	97.28	\$ 700.41
@PHYSICIANS SERVICES	1	1 \$	45.72	\$ 45.72	.200 \$	45.72	\$ 9.14
OUTPATIENT VISITS	1	1	45.72	45.72	.200	45.72	9.14
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.72	45.72	.200	45.72	9.14
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ACCICEANE CUDCEON	0	0	0.0	0.0	000	0.0	0.0
ASSISTANT SURGEON	0	U	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	Ü	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	22	23 \$	1,013.96	\$ 44.09	4.600	\$ 46.09	\$ 202.79
PRESCRIPTION DRUGS	22	23	1,013.96	44.09	4.600	46.09	202.79
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	22	23	1,013.96	44.09	4.600	46.09	202.79
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	8	30 \$	2,289.00	\$ 76.30	6.000	\$ 286.13	\$ 457.80
VISITS - DIAGNOSTIC	4	18	287.00	15.94	3.600	71.75	57.40
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.200	200.00	40.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	11	1,802.00	163.82	2.200	600.67	360.40
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 17,322

01/17/03

----- MONTHLY AVERAGE -----05 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 @OPTOMETRIST 0 0 \$.00 .000 \$.00 \$.00 .000 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .00 .00 EYE APPLIANCES .00 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 0 .00 .000 \$ @HOME HEALTH AGENCY .00 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .000 \$.00 FAMILY NURSE PRACTITIONER .00 .00 .000 \$.00 \$.00 .00 .00 .000 \$.00 @TOTAL HOSPITAL .00 .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

AID CODES 6N

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

MOP024

YOLO COUNTY

ADMINISTRATIVE DAYS	0	Ω	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 17,323

YOLO COUNTY

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

1010 000111	BOILDING OF BEILVE	CDD 1010 75 881		LDC .	MID CODE	24037		~ =	
05 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	MONT			ST PER
03 ELIGIBLES		OR DAYS OF CARE		EVLENDIIOVES	PER UNIT/DAY		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATS OF CARE	\$.00	\$.00	.000 \$.00		.00
COMM HOSP INPATIENT TOTAL	0	0	Υ	.00	.00	.000	.00	۲	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0 0 0 0 0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0 0 0 0 0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
		0		.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	Ċ	.00
MENTALLY ILL	0	0	Y	.00	.00	.000	.00	٧	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	Ċ	.00
LEV A-INTERMEDIATE	0	0	Y	.00	.00	.000	.00	٧	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B KEHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B SUBACUTE FREESTANDING		0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	Ġ	.00
ICF DDH	0	0	Ÿ	.00	.00	.000	.00	۲	.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	Ś	.00
HOSPITAL BASED	0	0	Υ	.00	.00	.000	.00	۲	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	.00	.000	.00	т	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00	Ś	.00
PATHOLOGY	0	0	т	.00	.00	.000	.00	7	.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	Ś	.00	\$.00	.000 \$.00	Ś	.00
CLINIC	0	0	т	.00	.00	.000	.00	7	.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		-	ES MONTH					PAGE	17,324
	FEE-FOR-SERVICE/				511				01/17/03
YOLO COUNTY	SUMMARY OF SERVI		APPEAL/N	LDC	AID CODES	6N		•	. ,
			,	-		MONT	HLY AVERA	GE	
OF BITCIDIES	HCEDC	INTER OF CEDITOR		EADEMDIMIDEC	ATTEDACE COCH				

05 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	9	15 \$	153.35	\$ 10.22	3.000 \$	17.04	\$ 30.67
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.400	26.08	5.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	13	127.27	9.79	2.600	15.91	25.45
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1 \$	45.72	\$ 45.72	.200 \$	45.72	\$ 9.14
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,325 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

						MON	ITHLY AVERA	GE
32,056 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	50,094	322,327	\$	13,825,146.47	\$ 42.89	10.055	275.98	\$ 431.28
@PHYSICIANS SERVICES	3 , 509	8 , 789	\$	495,188.37	\$ 56.34	.274	141.12	\$ 15.45
OUTPATIENT VISITS	1,500	2,316		97,064.38	41.91	.072	64.71	3.03
OFFICE VISITS	727	910		37,933.99	41.69	.028	52.18	1.18
HOME VISITS	13	18		725.32	40.30	.001	55.79	.02
EMERGENCY ROOM	505	565		30,487.21	53.96	.018	60.37	.95
PREVENTIVE CARE	3	3		164.74	54.91	.000	54.91	.01
OB VISITS/COMPRE PERI	134	604		19,975.09	33.07	.019	149.07	.62
OTHER OUTPATIENT	178	216		7,778.03	36.01	.007	43.70	.24
INPATIENT VISITS	314	929		58,520.67	62.99	.029	186.37	1.83
HOSPITAL VISITS	222	571		25 , 787.95	45.16	.018	116.16	.80
CRITICAL CARE	42	254		30,374.35	119.58	.008	723.20	.95
SNF/ICF/TRANS IP CARE	68	104		2,358.37	22.68	.003	34.68	.07
OPHTHALMOLOGICAL SERVICES	19	19		704.27	37.07	.001	37.07	.02
EXAMINATIONS	16	16		695.73	43.48	.000	43.48	.02
SERVICES AND MATERIALS	3	3		8.54	2.85	.000	2.85	.00

INPATIENT HOSPITAL SURGERY	358	1,387	188,849.50	136.16	.043	527.51	5.89
PRINCIPAL SURGEON	196	241	146,439.26	607.63	.008	747.14	4.57
ASSISTANT SURGEON	46	46	8,235.58	179.03	.001	179.03	.26
ANESTHESIOLOGIST	166	1,100	34,174.66	31.07	.034	205.87	1.07
OUTPATIENT SURGERY	226	465	27,477.06	59.09	.015	121.58	.86
PRINCIPAL SURGEON	192	240	20,853.37	86.89	.007	108.61	.65
ASSISTANT SURGEON	2	2	249.12	124.56	.000	124.56	.01
ANESTHESIOLOGIST	51	223	6,374.57	28.59	.007	124.99	.20
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	335	556	10,557.96	18.99	.017	31.52	.33
RADIOLOGY	1,200	1,730	78,939.59	45.63	.054	65.78	2.46
PSYCHIATRY	2	, 2	70.00	35.00	.000	35.00	.00
IMMUNIZATION AND INJECTION	55	236	4,350.38	18.43	.007	79.10	.14
OTHER SERVICES/ALL X-OVERS	458	1,149	28,654.56	24.94	.036	62.56	.89
@PHARMACY	9,964		\$ 3,113,820.49	\$ 114.47	.849 \$	312.51	
PRESCRIPTION DRUGS	9 , 877	22,562	3,078,768.58	136.46	.704	311.71	96.04
SNF/ICF	1,063	3 , 835	442,276.58	115.33	.120	416.06	13.80
OUTPATIENTS	8,868	18,727	2,636,492.00	140.79	.584	297.30	82.25
MEDICAL SUPPLIES	213	4,639	35,051.91	7.56	.145	164.56	1.09
@DENTIST	20,002		\$ 3,789,660.95	\$ 39.85	2.966 \$	189.46	\$ 118.22
VISITS - DIAGNOSTIC	13,368	62,981	829,791.22	13.18	1.965	62.07	25.89
ORAL SURGERY	2,402	4,891	246,422.36	50.38	.153	102.59	7.69
DRUGS	135	155	2,770.00	17.87	.005	20.52	.09
ANESTHESIA	23	24	1,715.00	71.46	.001	74.57	.05
PERIODONTICS	1,115	1,178	205,014.68	174.04	.037	183.87	6.40
ENDODONTICS	1,781	3,144	585,545.55	186.24	.098	328.77	18.27
RESTORATIVE DENTISTRY	7,032	19,198	1,537,499.10	80.09	.599	218.64	47.96
PROSTHETICS	137	153	4,485.00	29.31	.005	32.74	.14
DENTURES, STAYPLATES	907	2,580	311,868.18	120.88	.080	343.85	9.73
SPACE MAINTAINERS	140	196	17,409.74	88.83	.006	124.36	.54
MAXILLOFACIAL SERVICES	29	37	7,783.46	210.36	.001	268.40	.24
FRACTURES, DISLOCATIONS	3	3	1,340.00	446.67	.000	446.67	.04
ORTHODONTIC SERVICES	338	463	35,541.66	76.76	.014	105.15	1.11
ALL OTHER SERVICES	72	89	2,475.00	27.81	.003	34.38	.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE:	S MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU DE	C 2002	PAGE 17,326
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 80 TOTAL	CERTIFIED				
					MON	THLY AVERA	GE
32,056 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER	COST PER
				,			

32,056 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST		COST PER	 COST PER
,		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	273	753	\$ 16,011.79	\$	21.26	.023	\$ 58.65	\$.50
DIAGNOSTIC AND ANC. PROCED	144	146	6,693.49		45.85	.005	46.48	.21
EYE APPLIANCES	223	601	9,187.16		15.29	.019	41.20	.29
OTHER OPTOMETRIC SERVICES	4	6	131.14		21.86	.000	32.79	.00
@CHIROPRACTOR	2	3	\$ 37.62	\$	12.54	.000	\$ 18.81	\$.00
VISITS	2	3	37.62		12.54	.000	18.81	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	41	59	\$ 957.29	\$	16.23	.002	\$ 23.35	\$.03
MEDICINE/INJECTIONS	11	12	370.00		30.83	.000	33.64	.01
SURGERY/ANES.	0	0	48.78		.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60		17.30	.000	34.60	.00
OTHER	30	45	503.91		11.20	.001	16.80	.02
@HOME HEALTH AGENCY	104	131	\$ 8,534.50	\$	65.15	.004	\$ 82.06	\$.27
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	Λ	5	Ċ	102.36	\$	20.47	.000	\$ 25.59	\$.00
@TOTAL HOSPITAL	3,730	26,230	\$		\$	99.81	.818		
HOSP INPATIENT TOTAL	5 , 730	2,183	Y	1,977,623.49	Y	905.92	.068	3463.44	61.69
HSC HOSPITALS	268	2 , 163		967,788.97		1117 51		3611.15	30.19
NON-HSC HOSPITAL TOTAL	239	899		962,622.59		1117.54 1070.77	.028	4027.71	30.19
ACCOMMODATIONS	239	899		354,873.05		394.74	.028	1484.82	11.07
ACCOMMODATIONS ADMINISTRATIVE DAYS	239	9		451.68C	n	50.19CR		225.84CF	
	0	0		75.51	r.	.00	.000	.00	.01CR
TRANSITIONAL IP CARE									
ALL OTHER ACCOM	237 239	890 0		355,249.22		399.16 .00	.028	1498.94 2542.89	11.08 18.96
ANCILLARIES	239	418		607,749.54					
INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	69	418		47,211.93		112.95	.013	684.23	1.47
ALL OTHER INPATIENT	0	•		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,415	24,047		640,440.75		26.63	.750		19.98
MEDICAL	363 176	416		17,040.73		40.96	.013	46.94	.53
SURGERY	1 000	209		9,015.81		43.14	.007	51.23	.28
PATHOLOGY	1,023	3,170		36,340.49		11.46	.099	35.52	1.13
RADIOLOGY	452	562		36,055.12		64.16	.018	79.77	1.12
ROOM USE	2,528	4,367		137,800.80		31.56	.136	54.51	4.30
CROSSOVERS/ALL OTH OUTPTNT	2,431 18	15,323	_	404,187.80	_	26.38	.478	166.26	12.61
@COUNTY HOSPITAL TOTAL	18	78	\$	34,009.35	Ş			\$ 1889.41	
CO HOSPITAL INPATIENT TOTAL		25		32,543.36		1301.73	.001	8135.84	1.02
HSC HOSPITALS	4	25		32,728.04		1309.12	.001	8182.01	1.02
NON-HSC HOSPITALS TOTAL	0	0		184.68C		.00	.000	.00	.01CR
ACCOMMODATIONS	0	0		184.68C		.00	.000		.01CR
ADMINISTRATIVE DAYS	0	0		184.68C	R	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0 0 14	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	53		1,465.99		27.66	.002	104.71	.05
MEDICAL	3	3		104.74		34.91	.000	34.91	.00
SURGERY	4	5		181.73		36.35	.000	45.43	.01
PATHOLOGY	7	18		348.48		19.36	.001	49.78	.01
RADIOLOGY	1	1		24.10		24.10	.000	24.10	.00
ROOM USE	8	12		607.82		50.65	.000	75.98	.02
CROSSOVERS/ALL OTH OUTPINT	8	14		199.12		14.22	.000	24.89	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2002 THRU D	EC 2002	PAGE 17,327
	FEE-FOR-SERVICE	/DENTAL							01/17/03
YOLO COUNTY	SUMMARY OF SERV	ICES FOR 80 TOTA	AL C	ERTIFIED					
							MOI	NTHLY AVERAG	E
32,056 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	2		PE	R UNIT/DAY	PER ELIG	USER	ELIGIBLE

32,056 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,713	26,152 \$	2,584,054.89	\$ 98.81	.816 \$	695.95 \$	80.61
COMM HOSP INPATIENT TOTAL	567	2,158	1,945,080.13	901.33	.067	3430.48	60.68
HSC HOSPITALS	264	841	935,060.93	1111.84	.026	3541.90	29.17
NON-HSC HOSPITALS TOTAL	239	899	962,807.27	1070.98	.028	4028.48	30.04
ACCOMMODATIONS	239	899	355,057.73	394.95	.028	1485.60	11.08
ADMINISTRATIVE DAYS	2	9	267.00CR	29.67CR	.000	133.50CR	.01CR
TRANSITIONAL IP CARE	0	0	75.51	.00	.000	.00	.00
ALL OTHER ACCOM	237	890	355,249.22	399.16	.028	1498.94	11.08
ANCILLARIES	239	0	607,749.54	.00	.000	2542.89	18.96
INPATIENT CROSSOVERS	69	418	47,211.93	112.95	.013	684.23	1.47
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,401	23,994	638,974.76	26.63	.749	187.88	19.93
MEDICAL	360	413	16,935.99	41.01	.013	47.04	.53

PATHOLOGY	SURGERY	172	204	8,834.08	43.30	.006		51.36	.28
RADIOLOGY 451 561 36,031.02 64.23 .018 79.89 1.12 ROOM USE 2,520 4,355 137,192.98 31.50 1.36 54.44 4.28 CROSSOVERS/ALL OTH OUTPINT 2,423 15,309 403,988.68 26.39 .478 166.73 12.60 (STATE HOSPITTAL 48 1,138 \$ 698,926.98 \$ 614.17 .036 \$ 14560.98 \$ 21.80 MENTALLY ILL 20 303 202,634.28 668.76 .009 1013.71 6.32 DEVELOP. DISABLED 28 835 496,292.70 594.36 .026 17724.74 15.48 (RURSING FACILITY 228 4.019 \$ 502,647.72 \$ 125.07 1.25 \$ 2204.60 \$ 15.68 LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		1,016	3,152	•					
CROSSOVERS/ALL OTH OUTFITY 2,423 15,309 403,988.68 26.39 478 166.73 12.60 6STATE HOSPITAL 48 1,138 \$ 698,926.98 \$ 614.17 .036 \$ 1456.09 \$ 21.80 MENTALLY ILL 20 303 202,634.28 668.76 .009 10131.71 6.32 DEVELOP. DISABLED 28 835 496,292.70 594.36 .026 17724.74 15.48 69UNDSING FACILITY 228 4,019 \$ 502,647.72 \$ 125.07 .125 \$ 2204.60 \$ 15.48 LeV A-INTERMEDIATE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	RADIOLOGY		561	36,031.02	64.23	.018		79.89	1.12
CROSSOVERS/ALL OTH OUTFITY 2,423 15,309 403,988.68 26.39 478 166.73 12.60 6STATE HOSPITAL 48 1,138 \$ 698,926.98 \$ 614.17 .036 \$ 1456.09 \$ 21.80 MENTALLY ILL 20 303 202,634.28 668.76 .009 10131.71 6.32 DEVELOP. DISABLED 28 835 496,292.70 594.36 .026 17724.74 15.48 69UNDSING FACILITY 228 4,019 \$ 502,647.72 \$ 125.07 .125 \$ 2204.60 \$ 15.48 LeV A-INTERMEDIATE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ROOM USE	2,520	4,355	•					4.28
### ROSPITAL 48	CROSSOVERS/ALL OTH OUTPINT	,		•					
DEVELOP. DISABLED 28	@STATE HOSPITAL		•	\$	\$		\$		\$ 21.80
ENURSING FACILITY 228 4,019 \$ 502,647.72 \$ 125.07 .125 \$ 2204.60 \$ 15.68 LEV A-INTERMEDIATE 0 0 .00 <td< td=""><td>MENTALLY ILL</td><td>20</td><td>303</td><td>202,634.28</td><td>668.76</td><td>.009</td><td>·</td><td>10131.71</td><td>6.32</td></td<>	MENTALLY ILL	20	303	202,634.28	668.76	.009	·	10131.71	6.32
@NURSING FACILITY 228 4,019 \$ 502,647.72 \$ 125.07 .125 \$ 2204.60 \$ 15.68 LEV B-REHAB MD 32 1,066 109,341.40 102.57 .033 3416.92 3.41 LEV B-SUBACUTE FREESTANDING 0 0 .00 .	DEVELOP. DISABLED	28	835	496,292.70	594.36	.026		17724.74	15.48
LEV B-REHAB MD 32 1,066 109,341.40 102.57 .033 3416.92 3.41 LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	@NURSING FACILITY	228	4,019	\$ 502,647.72	\$.125	\$	2204.60	\$ 15.68
LEV B-SUBACUTE FREESTANDING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV A-INTERMEDIATE	0	, 0	.00	.00	.000	·	.00	.00
LEV B-SUBACUTE FREESTANDING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-REHAB MD	32	1,066	109,341.40	102.57	.033		3416.92	3.41
LEV B-TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-SUBACUTE FREESTANDING	0	0		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-SUBACUTE HSPTL BASED	1	31	15,525.81	500.83	.001		15525.81	.48
@INTERMEDIATE CARE FACILDD	LEV B-TRANSITIONAL IP CARE	0	0		.00	.000		.00	.00
@INTERMEDIATE CARE FACILDD	LEV B-REGULAR	195	2,922	377,780.51	129.29	.091		1937.34	11.79
ICF DD 0 0 .00	@INTERMEDIATE CARE FACILDD	1	30	\$	\$.001	\$	2723.55	\$.08
ICF DDN/DDCN 1 30 2,723.55 90.79 .001 2723.55 .08 @HEMODIALYSIS TOTAL 9 10 \$ 6,232.41 \$ 623.24 .000 \$ 692.49 \$.19 HOSPITAL BASED 0 0 .00 <td< td=""><td>ICF DDH</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td></td><td>.00</td><td>.00</td></td<>	ICF DDH	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL 9 10 \$ 6,232.41 \$ 623.24 .000 \$ 692.49 \$.19 HOSPITAL BASED 0 0 .00 <td>ICF DD</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td>.00</td>	ICF DD	0	0	.00	.00	.000		.00	.00
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00 HEMODIALYSIS CENTER 9 10 6,232.41 623.24 .000 692.49 .19 @REHABILITATION FACILITY 18 89 \$ 1,942.01 \$ 21.82 .003 \$ 107.89 \$.06 HOSPITAL BASED 7 11 620.75 56.43 .000 88.68 .02 INDEPENDENT FACILITY 11 78 1,321.26 16.94 .002 120.11 .04 @LABORATORY FACILITY 2,217 5,563 \$ 87,427.05 \$ 15.72 .174 \$ 39.43 \$ 2.73 PATHOLOGY 2,216 5,562 87,424.56 15.72 .174 39.45 2.73 XO AND OTHERS 1 1 2.49 2.49 .00 2.49 .00 @ORGANIZED OUTPATIENT CLINIC 2,156 8,092 \$ 457,230.99 \$ 56.50 .252<	ICF DDN/DDCN	1	30	2,723.55		.001		2723.55	.08
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 HEMODIALYSIS CENTER 9 10 6,232.41 623.24 .000 692.49 .19 @REHABILITATION FACILITY 18 89 \$ 1,942.01 \$ 21.82 .003 \$ 107.89 \$.06 HOSPITAL BASED 7 11 620.75 56.43 .000 88.68 .02 INDEPENDENT FACILITY 11 78 1,321.26 16.94 .002 120.11 .04 @LABORATORY FACILITY 2,217 5,563 \$ 87,427.05 \$ 15.72 .174 \$ 39.43 \$ 2.73 PATHOLOGY 2,216 5,562 87,424.56 15.72 .174 39.45 2.73 XO AND OTHERS 1 1 2.49 2.49 .00 2.49 .00 @ORGANIZED OUTPATIENT CLINIC 2,156 8,092 \$ 457,230.99 \$ 56.50 .252 \$ <td>@HEMODIALYSIS TOTAL</td> <td>9</td> <td>10</td> <td>\$ 6,232.41</td> <td>\$ 623.24</td> <td>.000</td> <td>\$</td> <td>692.49</td> <td>\$.19</td>	@HEMODIALYSIS TOTAL	9	10	\$ 6,232.41	\$ 623.24	.000	\$	692.49	\$.19
@REHABILITATION FACILITY 18 89 \$ 1,942.01 \$ 21.82 .003 \$ 107.89 \$.06 HOSPITAL BASED 7 11 620.75 56.43 .000 88.68 .02 INDEPENDENT FACILITY 11 78 1,321.26 16.94 .002 120.11 .04 @LABORATORY FACILITY 2,217 5,563 \$ 87,427.05 \$ 15.72 .174 \$ 39.43 \$ 2.73 PATHOLOGY 2,216 5,562 87,424.56 15.72 .174 39.45 2.73 XO AND OTHERS 1 1 2.49 2.49 .000 2.49 .00 @CORGANIZED OUTPATIENT CLINIC 2,156 8,092 \$ 457,230.99 \$ 56.50 .252 \$ 212.07 \$ 14.26 CLINIC 1,145 6,571 284,504.50 43.30 .205 248.48 8.88	HOSPITAL BASED	0	0			.000		.00	.00
HOSPITAL BASED 7 11 620.75 56.43 .000 88.68 .02 INDEPENDENT FACILITY 11 78 1,321.26 16.94 .002 120.11 .04 @LABORATORY FACILITY 2,217 5,563 \$ 87,427.05 \$ 15.72 .174 \$ 39.43 \$ 2.73 PATHOLOGY 2,216 5,562 87,424.56 15.72 .174 39.45 2.73 XO AND OTHERS 1 1 2.49 2.49 .000 2.49 .00 @ORGANIZED OUTPATIENT CLINIC 2,156 8,092 \$ 457,230.99 \$ 56.50 .252 \$ 212.07 \$ 14.26 CLINIC 1,145 6,571 284,504.50 43.30 .205 248.48 8.88	HEMODIALYSIS CENTER	9	10	6,232.41	623.24	.000		692.49	.19
INDEPENDENT FACILITY 11 78 1,321.26 16.94 .002 120.11 .04 @LABORATORY FACILITY 2,217 5,563 \$ 87,427.05 \$ 15.72 .174 \$ 39.43 \$ 2.73 PATHOLOGY 2,216 5,562 87,424.56 15.72 .174 39.45 2.73 XO AND OTHERS 1 1 2.49 2.49 .000 2.49 .00 @ORGANIZED OUTPATIENT CLINIC 2,156 8,092 \$ 457,230.99 \$ 56.50 .252 \$ 212.07 \$ 14.26 CLINIC 1,145 6,571 284,504.50 43.30 .205 248.48 8.88	@REHABILITATION FACILITY	18	89	\$ 1,942.01	\$ 21.82	.003	\$	107.89	\$.06
@LABORATORY FACILITY 2,217 5,563 \$ 87,427.05 \$ 15.72 .174 \$ 39.43 \$ 2.73 PATHOLOGY 2,216 5,562 87,424.56 15.72 .174 39.45 2.73 XO AND OTHERS 1 1 2.49 2.49 .000 2.49 .00 @ORGANIZED OUTPATIENT CLINIC 2,156 8,092 \$ 457,230.99 \$ 56.50 .252 \$ 212.07 \$ 14.26 CLINIC 1,145 6,571 284,504.50 43.30 .205 248.48 8.88	HOSPITAL BASED	7	11	620.75	56.43	.000		88.68	.02
PATHOLOGY 2,216 5,562 87,424.56 15.72 .174 39.45 2.73 XO AND OTHERS 1 1 2.49 2.49 .000 2.49 .00 @ORGANIZED OUTPATIENT CLINIC 2,156 8,092 \$ 457,230.99 \$ 56.50 .252 \$ 212.07 \$ 14.26 CLINIC 1,145 6,571 284,504.50 43.30 .205 248.48 8.88	INDEPENDENT FACILITY	11	78	1,321.26	16.94	.002		120.11	.04
XO AND OTHERS 1 1 2.49 2.49 000 2.49 00 @ORGANIZED OUTPATIENT CLINIC 2,156 8,092 \$ 457,230.99 \$ 56.50 .252 \$ 212.07 \$ 14.26 CLINIC 1,145 6,571 284,504.50 43.30 .205 248.48 8.88	@LABORATORY FACILITY	2,217	5 , 563	\$ 87 , 427.05	\$ 15.72	.174	\$	39.43	\$ 2.73
@ORGANIZED OUTPATIENT CLINIC 2,156 8,092 \$ 457,230.99 \$ 56.50 .252 \$ 212.07 \$ 14.26 CLINIC 1,145 6,571 284,504.50 43.30 .205 248.48 8.88	PATHOLOGY	2,216	5 , 562	87 , 424.56		.174		39.45	2.73
CLINIC 1,145 6,571 284,504.50 43.30 .205 248.48 8.88	XO AND OTHERS	1	1						.00
	@ORGANIZED OUTPATIENT CLINIC	2,156	8,092	\$	\$		\$		\$ 14.26
	CLINIC	1,145	6 , 571	284,504.50	43.30				8.88
, ,	SURGICENTER	12	73	2,252.80	30.86	.002		187.73	.07
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00	HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00

RURAL HEALTH CLINIC 1,000 1,448 170,473.69 117.73 .045 170.47 5.32 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 17,328 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

YOLO COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

IOLO COUNTI	SUMMARI OF SER	VICES FOR 80 TOT.	AL CE	RITEIED					
						MOI		-	
32,056 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	16,388	145,123	\$	2,025,638.15	\$ 13.96			\$	63.19
DURABLE MED. EQUIP.	42	230		18,746.71	81.51	.007	446.35		.58
BLOOD BANK	0	0		104.50	.00	.000	.00		.00
HEARING AID DISPENSERS	3	4		874.42	218.61	.000	291.47		.03
MEDICAL TRANSPORTATION	156	2,942		30,916.60	10.51	.092	198.18		.96
AMBULANCES/AIR TRANS	118	1,710		20,855.50	12.20	.053	176.74		.65
OTHER TRANS	30	1,009			4.46	.031	150.01		.14
OTHER SERVICES	13	223		5,560.84	24.94	.007	427.76		.17
ACUPUNCTURE	1	4		64.88	16.22	.000	64.88		.00
ADULT DAY HEALTH CARE CTR	746	12,904		864,696.22	67.01	.403	1159.11		26.97
GENETIC DISEASE TESTING	690	695		57,737.00	83.07	.022	83.68		1.80
IHMC, MODEL-NF, NF, AIDS, MSSP	138	10,030		325,485.55	32.45	.313	2358.59		10.15
OCCUPATIONAL THERAPIST	2	14		268.00	19.14	.000	134.00		.01
OPTICIAN	3 , 558	7,608		81,004.69	10.65	.237	22.77		2.53
PHYSICAL THERAPIST	3	17		302.23	17.78	.001	100.74		.01
PORTABLE X-RAY	11	20		373.52	18.68	.001	33.96		.01
PROSTHETIST/ORTHOTISTS	16	40		4,611.77	115.29	.001	288.24		.14
PROSTHETICS	14	38		4,447.07	117.03	.001	317.65		.14
ORTHOTICS	2	2		164.70	82.35	.000	82.35		.01
PSYCHOLOGIST	16	35		1,911.48			119.47		
SPEECH AND AUDIOLOGY	7	46		1,377.14	29.94	.001	196.73		.04
HOSPICE SERVICES	1	30		3,512.70	117.09	.001	3512.70		.11
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	10,985	67 , 075		503,377.38	7.50	2.092	45.82		15.70
EPSDT SUPPLEMENTAL SERVICE	12	4,110		113,351.70	27.58	.128	9445.98		3.54
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	159	39,319		16,921.66	.43	1.227	106.43		.53
@CALIF. CHILDREN SERVICES*	193	968	\$	277,341.61	\$ 286.51	.030	1437.00	\$	8.65
@XOVER EXCLUDING STATE HOSP**	540	2,185	\$	117,312.03	\$ 53.69	.068	217.24	\$	3.66
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPA	RATE INFORMATION	ITEM	ONLY;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.